



RUBICON INSURANCE COMPANY
 C/o Northwestern University
 Office of Risk Management
 2020 Ridge, 4th FL
 Evanston, IL 60208-4335

risk@northwestern.edu
 847.467.7795

For Office Use Only	
Application Ref:	
Quote:	
Period of Coverage:	

Student Professional Insurance Application

This application is for an occurrence professional liability policy. This policy is designed and only eligible for students performing professional/clinical work outside/ independent of required school curriculum. This policy is not intended to cover direct patient care. Minimum premiums range between \$100 - \$250 a quarter, subject to change based on exposures.

Applicant Information			
Name of Student:			NU ID:
Student Phone No.:		Email Address:	
Date of Birth:			
Home Address:			
City:		State:	Postal Code:
School/Sponsoring Unit at Northwestern:			
Expected Graduation Date:		Degree:	
Observation Information			
Location Name:			Location Address
City:		State:	Postal Code:
Country:			
Additional Locations:			
Coverage Dates Requested (length of observation):			
Description of activities limited to observation:			
Supervisor			Supervisor Email
Coverage Requested:	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
Has the Student ever been declined, non-renewed or cancelled by any insurer for professional liability insurance?	<input type="checkbox"/> Yes – Declined <input type="checkbox"/> Yes – Cancelled <input type="checkbox"/> Yes – Non-Renewed <input type="checkbox"/> No		
Is the Student aware of any situation or circumstance which may reasonably result in a claim, from a previous or currently held observation/internship appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Disclaimer and Signature

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract.

Name (Print): _____

Signature: _____ Date: _____