

Student Pharmacy Professional Liability Policy

Application Guide

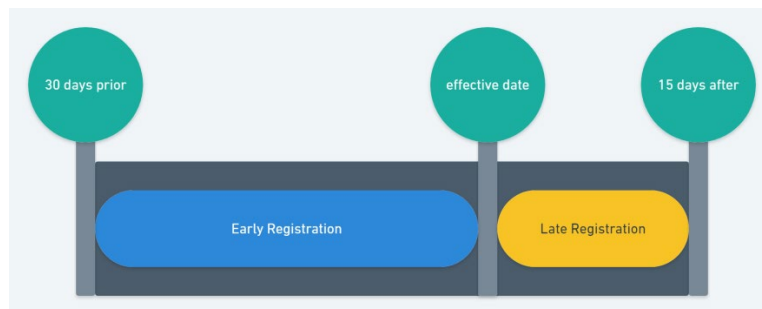
Who needs to apply?

With the initial launch of the new application process, Pharmacists Mutual is requiring all students to apply through the online application system. For this initial launch, both new and returning students will need to apply online through the process described below.

After this first year under the new program, only new or transfer students need apply online. Returning students who already have a Pharmacists Mutual policy will see their policy automatically renew.

When can students apply?

Registration opens 30 days prior to your group's policy effective date. Registration remains open until 15 days after your group's policy effective date.



Can students register early?

No. Students can't register for a policy prior to the beginning of the registration window.

What happens if a student registers late?

If a student misses the registration window, they can still apply. However, they won't receive immediate policy confirmation. In addition, their policy will not be backdated to match the group's effective date. It will, however, be pro-rated so that its expiration date matches the group. This ensures that, at the renewal, it falls in line with the other policies in the group.

Please note that the minimum premium for these policies is \$25. Pro-rating will not reduce the premium below this threshold.

How will the school be invoiced for these policies?

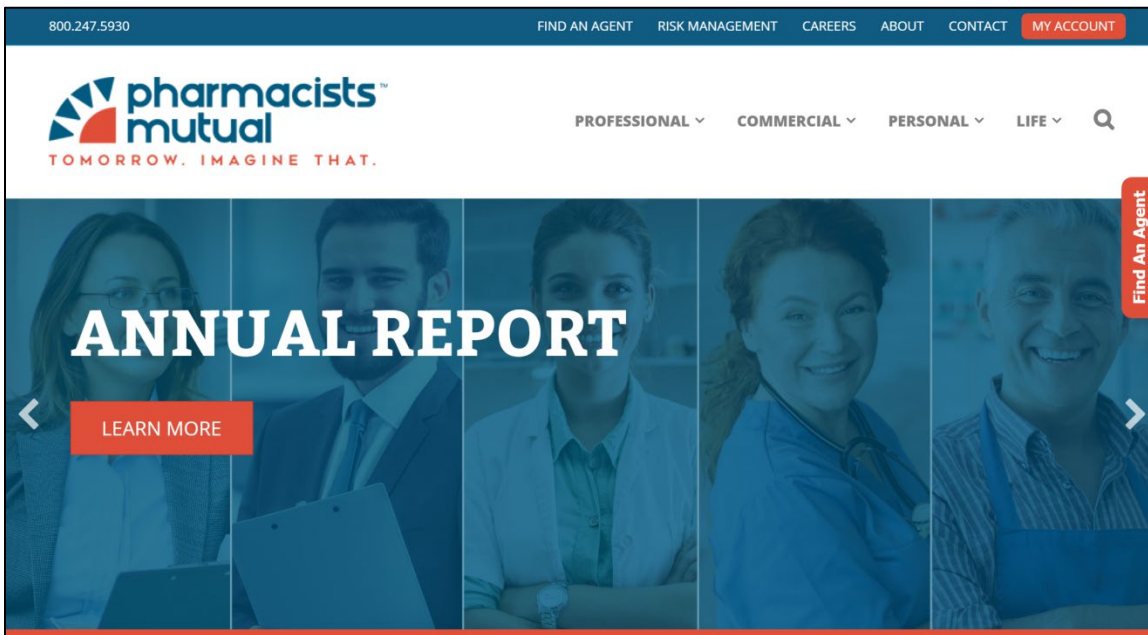
You'll be invoiced for any outstanding balance on policies once a month. The first invoice will generate at the end of your school's registration window. Following this, a new invoice will generate for any outstanding balance every month until the balance is paid.

Note that students will receive a cancellation notice if we haven't received payment for their policy by 90 days after the first invoice date. The policy will cancel if payment is not received by 20 days after the cancellation notice is distributed. Cancelled policies carry a \$25 reinstatement fee.

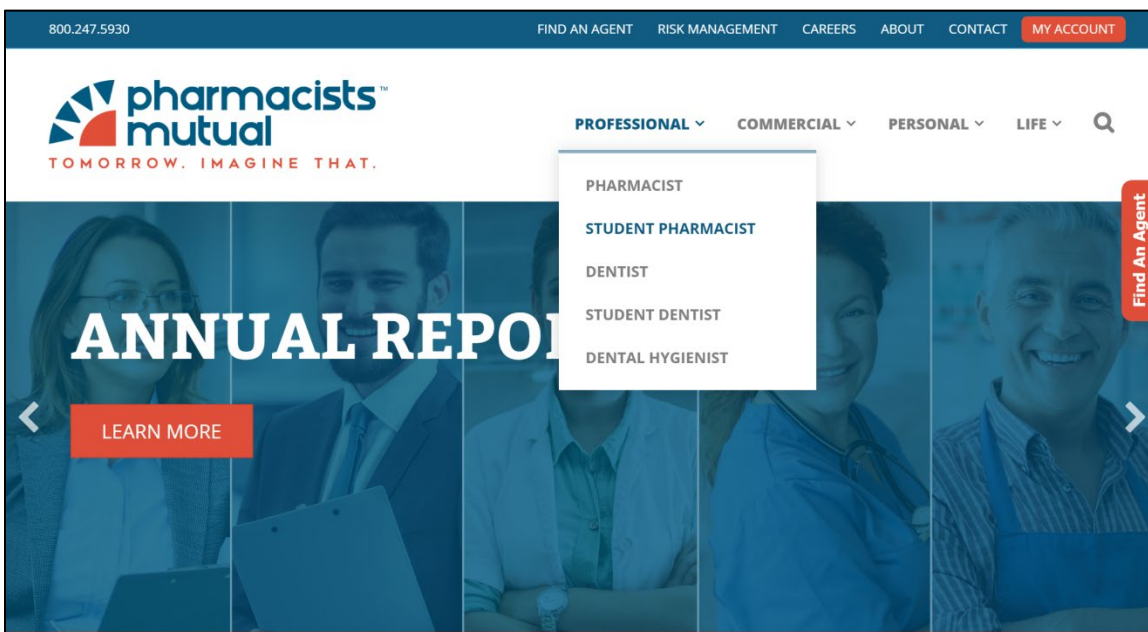
How do students apply?

The following instructions provide a walkthrough for students to navigate to the online application and apply for coverage.

1. Navigate to <https://www.phmic.com/>.



2. Under the **Professional** drop-down, find the **Student Pharmacists** option. Click it.



3. Near the bottom, click the Apply Now button.

800.247.5930 FIND AN AGENT RISK MANAGEMENT CAREERS ABOUT CONTACT MY ACCOUNT

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you and your business.

Discounted rates are available to cover your professional liability exposure while in school and for the first year of practice after you graduate.

Who We Cover +

Limits of Liability and What We Cover +

For more information on products and coverage, contact your local field agent.

FIND AN AGENT CONTACT US APPLY NOW

Pharmacy Student Professional Liability Flyer PDF

Find An Agent

f t in

- Select the **State** within which the university or pharmacy school resides. For **Type of Insurance**, select Pharmacists Professional Liability.

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Pharmacists Mutual Professional Liability
Application for Insurance

State *

Type of Insurance * Pharmacist Professional Liability ▾

→ Continue with Application

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Note: There are a couple of ways to navigate to the application. So, if the page above doesn't appear, that's not a problem. Continue with step 5, below.

- For **Classification**, select Pharmacy Student/Intern.

Application For Individual Pharmacist Professional Liability Insurance

DESIGNED SPECIFICALLY AS AN EXCESS POLICY

Coverage Limits - \$1,000,000 per occurrence / \$3,000,000 aggregate

If this is an Address Change for an existing policy please [click here](#).

Convention Code (if applicable):

Classification: * Pharmacy Student/Intern ▼

A pharmacy student who has not yet completed the state boards and is not registered. This would include undergraduate students, interns and graduate students.

If more than one classification applies, please call 800.247.5930 for a quote.

University Address: *

University State: * IA ▼

University City: *

	Premium
Pharmacy Student or Intern	\$35.00
Increased Liability Limit	\$0.00
Advanced Practice Surcharge	\$0.00
Increased Limits- Sexual or Physical Abuse Liability	\$0.00
Total Policy Premium	\$35.00

6. The screen will display a number of fields related to the university or school of pharmacy location information. Fill in the address information for the university or school of pharmacy—not your permanent address.

If more than one classification applies, please call 800.247.5930 for a quote.

University Address: *

University State: * IA ▼

University City: *

University Province/County: *

University Name: *

University Zip: *

Graduation Month: * ▼

If you are still a student, enter your projected graduation month

Graduation Year: *

If you are still a student, enter your projected graduation year

Liability Limits: \$1,000,000/\$3,000,000 ▼

Continue

7. To ensure your policy is billed with the group, enter your university or school name in the **University Name** field. This field has predictive text, so if you start typing the name of your school, the field will show available options matching that input.
- a. This is the name of the institution, not the specific name of the school of pharmacy. For example, “University of Iowa,” rather than “University of Iowa School of Pharmacy.”
 - b. Note: If you don’t enter this correctly, the system can’t determine that you are part of the group-bill program and will error.
8. To participate in the group-bill program, you must authorize Pharmacists Mutual to release proof of insurance to the university or school of pharmacy. *This doesn’t allow the university or school to make changes to your policy.* To authorize your school, check the box at the end of the address information screen.

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Graduation Month: *

If you are still a student, enter your projected graduation month

Graduation Year: *

If you are still a student, enter your projected graduation year


Liability Limits:

By checking the box below, I authorize Pharmacists Mutual Insurance Company to release certificate of proof of my Pharmacist Professional Liability insurance policy to my university upon their request. This release is valid for the term of my enrollment unless I notify Pharmacists Mutual Insurance Company otherwise. *

I authorize Pharmacists Mutual to release policy information to my university

[Continue](#)

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- A couple of pages into the application, you'll be asked to provide your mailing address. This should be the address where you, the student, receive your mail.

List additional states and license numbers in box below:

Mailing Address: *

State: *

City: *

Zip: *

Province/ County: *

Country: *

Address Located Within City Limits?:

Primary Email: *

Secondary Email:

Home Phone: *

Work Phone:

Cell Phone:

- Complete the application and submit.
- You'll receive a confirmation screen and email. In both places, you can see basic policy information, as well as access a temporary insurance card.

Pharmacists Mutual Professional Liability

Application for Insurance

We've received your application.

Policy Coverage is in place as of the policy effective date below.

Total Policy Premium: \$38.00

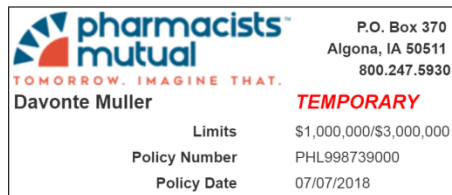
Policy Number: PHL998739000

Coverage Limits: \$1,000,000/\$3,000,000

Effective Date: 07/07/2018

Effective Date: 07/07/2018

Here is your temporary PHL ID card.



 [Print Your Temp Card](#)

Pharmacists Mutual offers homeowners, renters and auto insurance*. Please complete this [form](#) to receive a no-obligation review of your personal insurance needs.

Thank You.

*Not licensed to sell all products in all states.

12. That's all. We'll process the application overnight and mail your policy documents.