



Allied Health Care Professional Package Product

Services for the Mind

Art therapy
Chaplain
Dance therapy
Drama therapy
Faith based counseling
Health education
Horticultural therapy
Learning disability consultant
Mental health counseling
Music therapy
Pet/Animal assisted therapy
Recreational therapy
School guidance counseling
Social workers
Wellness counseling

Services for the Body

Aromatherapy
Athletic trainer
Audiologist
Beautician/Barber
Bio feedback practitioner
Corrective therapy
Day spa
Dental assistant
Dental hygienist
Dietitian
EEG technician/technologist
Esthetician
First aid/CPR/EMT training
Fitness instructor
Home health aides (non-medical)
Lactation consultant
Massage therapy
Nail technician
Nutritionist
Occupational therapy
Optician
Optometric assistant
Podiatrist
Physical therapy
Radiologic technologist
Rehabilitation counselor
Speech language

Product Advantages:

- ▶ Minimum professional liability premiums starting at \$425
- ▶ Separate limits for claims-made professional and occurrence general liability
- ▶ Option to purchase standalone professional liability
- ▶ Duty to defend for professional liability
- ▶ Defense cost coverage for patient molestation claims available
- ▶ Punitive damages coverage where insurable
- ▶ Third party discrimination coverage
- ▶ Personal injury coverage
- ▶ Supplemental payments coverage for lost wages to attend trials/hearings in defense of a claim
- ▶ Coverage for attorney fees/costs/expenses incurred by the named insured in defending against investigations/disciplinary actions by licensing boards
- ▶ Spousal and domestic partner coverage

Available Limits:

- ▶ Up to \$2,000,000 occurrence/\$4,000,000 aggregate
- ▶ Up to \$100,000 in loss for punitive damages
- ▶ Up to \$1,000,000/\$3,000,000 in abuse and molestation claims
- ▶ \$25,000 for third party discrimination
- ▶ \$5,000 supplemental payments coverage for lost wages
- ▶ \$5,000/\$10,000 for attorney fees/costs/expenses incurred by the named insured in defense of investigations/disciplinary actions by licensing boards





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Quick Quote

In order to get a quote, please provide the following information:

1. Name: _____
2. Address: _____
 City: _____ State: _____ Zip: _____
3. Website (if any): _____
4. Email of primary contact: _____
5. Description of operations: _____

6. Annual sales: \$ _____
7. Number of full-time service providers: _____
8. Number of part-time service providers: _____

Please send this page to your agent for a quote.