

# RENEWAL APPLICATION

(Please Print)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PRIOR NAME IF CHANGED: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_

POLICY #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please make checks payable to:**  
American Professional Agency  
95 Broadway  
Amityville, NY 11701

**IF YOU ARE RENEWING YOUR INSURANCE AS A STUDENT FOR YOUR FIELD PLACEMENT REQUIREMENTS, THE FOLLOWING MUST BE COMPLETED AND RETURNED WITH YOUR PAYMENT BY YOUR EFFECTIVE DATE.**

1. Academic Training

| Name of college or university<br>(Including current enrollment) | City and State | Curriculum<br>Major | Years of<br>Attendance | Title of Degree(s)<br>Received or Expected<br>(ie. BA, MA) | Date Degree<br>Received or Expected<br>mm/yy |
|---|----------------|---------------------|------------------------|--|--|
|   |                |                     |                        |  |  |
|   |                |                     |                        |  |  |

2. Limits of Liability: (check one)

\$1,000,000/1,000,000    \$23.00       \$1,000,000/3,000,000    \$35.00       \$2,000,000/4,000,000    \$41.00


3. Since your last renewal, have you had a new claim, potential claim, licensing board complaint, ethics violation, professional misconduct, sexual misconduct or conviction of a crime, if yes, please send complete details on a separate sheet of paper along with any pertinent papers regarding the situation. If you have reported a board complaint and it has been adjudicated you must send us the outcome.  
(YES) \_\_\_\_ (NO) \_\_\_\_

4. Is any person covered under this policy engaged in or ever been engaged in any sexual misconduct with any of your current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient (for example a guardian, blood relative of the patient or spouse or any person sharing the patient's domicile)? (YES)\_\_\_\_ (NO)\_\_\_\_

5. Is the applicant a member in good standing of any professional association? If so, state the organization and type of membership. (i.e. Regular, Clinical, Associate, Student, etc.) \_\_\_\_\_

6. Address Change (if any): \_\_\_\_\_

7. Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_ (Student) Signature and Payment Required 

**STUDENTS THAT HAVE GRADUATED PLEASE COMPLETE THIS SECTION**

**IF YOU ARE NO LONGER ELIGIBLE FOR STUDENT COVERAGE AND WISH TO OBTAIN AN APPLICATION FORM TO APPLY AS A PROFESSIONAL, PLEASE COMPLETE THIS SECTION AND RETURN IT TO OUR OFFICE OR REFER TO OUR WEB SITE: [www.americanprofessional.com](http://www.americanprofessional.com) AND SELECT YOUR PROFESSION TO PRINT A FORM.**

ACCOUNT NO: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DEGREE RECEIVED \_\_\_\_\_ FIELD OF STUDY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_  
MM DD YY

MEMBERSHIP: NASP NASW OTHER \_\_\_\_\_ CLASSIFICATION (i.e. Student, Full): \_\_\_\_\_  
(if any) (Circle one)



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American Professional Agency, Inc.

**Mail to:**

American Professional Agency, Inc.

95 Broadway

Amityville, New York 11701

**Special Note:**

If paying by credit card or *Vcheck*\* (virtual check), please indicate the method on the application.

\* *Vcheck* is a method where you enter your check information in an easy-to-use secure online form. This information is used to generate a one-time check that we take to the bank. You tell the system your routing and account number, payee, check number and dollar amount (Information that is already on your check).

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