



# Health & Public Services Division LIABILITY INSURANCE

**PLEASE DO NOT PAY FOR LIABILITY INSURANCE UNTIL  
THE BEGINNING OF YOUR PROGRAM OR AT THE  
DIRECTION OF YOUR DEPARTMENT CHAIR OR  
COORDINATOR TO AVOID REPAYING FEES.**

Most health program students are **required** to carry limited professional liability insurance while enrolled in their program at Stark State College.

This policy covers claims arising out of real or alleged malpractice when the injury being claimed is the result of error, accident, or omission. Payment on all court costs is also provided. -Expert legal counsel and claims adjusters are immediately available to aid and defend the insured without cost. -Limits of professional liability are \$1,000,000 for each claim up to a total of \$3,000,000 in any one year.

**Cost of insurance coverage for one year for Allied Health students ..... \$15.00**  
**Cost of insurance coverage for Emergency Services students ..... \$61.50**

Payment **DEADLINE**, as with all Health Requirements ..... **Established by Program Coordinators**  
 "Failure to pay for the insurance will prohibit you from participating in the program".

Complete the bottom portion of this form along with your **check or money order** in the amount of **\$15.00** made payable to **STARK STATE COLLEGE** **and present or mail the entire form to the cashier in the Business Office.**

**\*\*\*Please notify the cashier when your liability insurance should go into effect (example: Fall 2017).**

**DO NOT SEND OR BRING YOUR PAYMENT TO THE HEALTH & PUBLIC SERVICES OFFICES.  
 WE CANNOT BE RESPONSIBLE FOR PAYMENT OF YOUR LIABILITY INSURANCE  
 AND YOUR CHECK WILL BE RETURNED!**

Student's Name: \_\_\_\_\_

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

Street

\_\_\_\_\_

City, State, Zip

Student ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_

Technology/Program Name: \_\_\_\_\_

Term: \_\_\_\_\_

Start Date of Liability Coverage: Semester \_\_\_\_\_ Year \_\_\_\_\_