

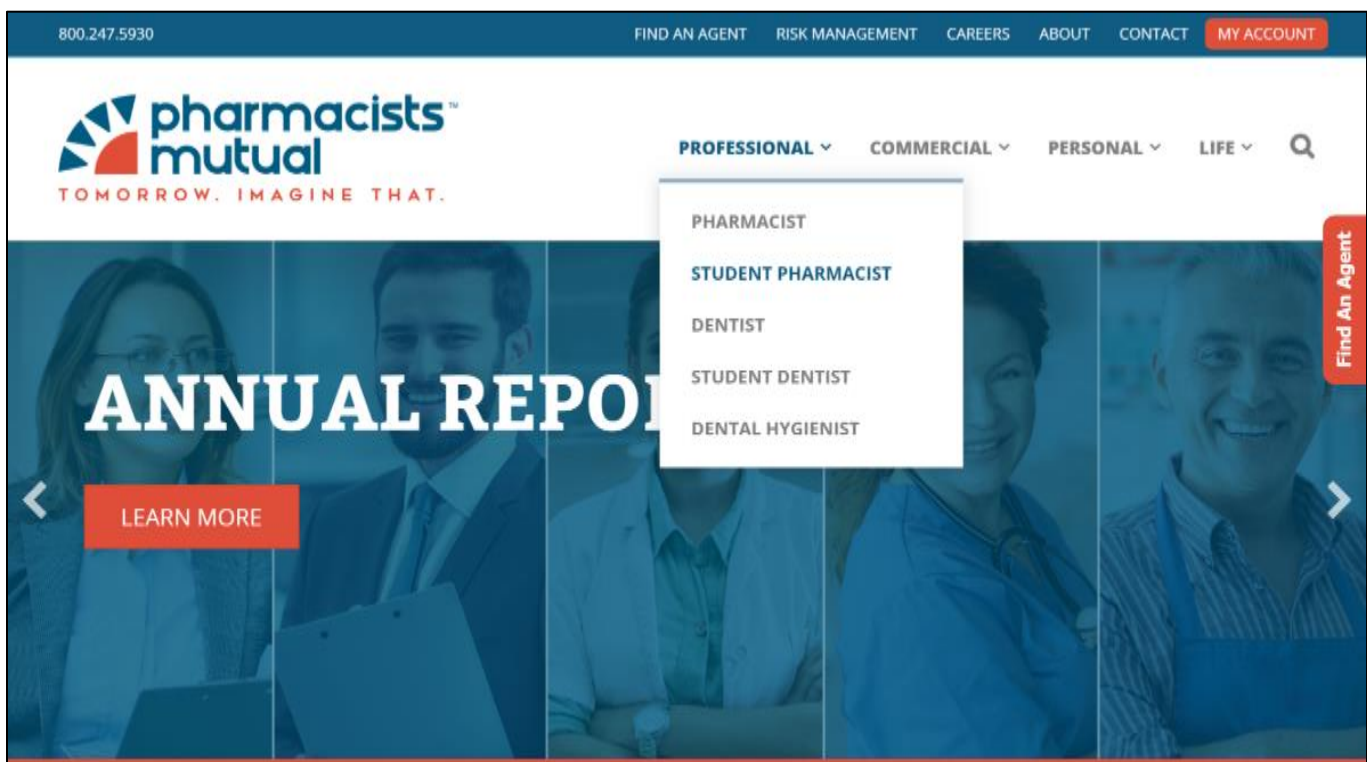
Student Pharmacy Professional Liability Policy

A few notes as you follow the steps to enroll:

- Some firewalls may not allow your computer to open the Application. However, there are generally no issues opening it on a smart phone or tablet.
- Leave the Convention Code field blank.
- When asked for **University address**, use this info:
 - Address: Box 70414
 - State: TN
 - City: Johnson City
 - Province/County: Washington
 - Name: (begin typing “East” – East Tennessee State should come up as your choice)
 - Zip: 37614
 - Graduation month: May
 - Graduation year: 2024
- Are you a current member with Pharmacists Mutual? **No**
- License Number/Intern Number: type “n/a”

How do students apply?

1. Navigate to <https://www.phmic.com/>.
2. Under the **Professional** drop-down, find the **Student Pharmacist** option. Click it.



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

The screenshot shows the Pharmacist Mutual website header with the phone number 800.247.5930 and navigation links: FIND AN AGENT, RISK MANAGEMENT, CAREERS, ABOUT, CONTACT, and MY ACCOUNT. The main navigation menu includes PROFESSIONAL, COMMERCIAL, PERSONAL, and LIFE. Below the header, there is a section for 'you and your business' with a sub-header 'Discounted rates are available to cover your professional liability exposure while in school and for the first year of practice after you graduate.' Two expandable sections are visible: 'Who We Cover' and 'Limits of Liability and What We Cover'. A vertical 'Find An Agent' button is on the right. Below this, a text prompt says 'For more information on products and coverage, contact your local field agent.' Three buttons are present: 'FIND AN AGENT' (red), 'CONTACT US' (dark blue), and 'APPLY NOW' (dark blue). A dark blue button labeled 'Pharmacy Student Professional Liability Flyer PDF' is also shown. The footer contains social media icons for Facebook, Twitter, and LinkedIn.

4. Select the **State** within which the university or pharmacy school resides (TN-Tennessee). For **Type of Insurance**, select Pharmacist Professional Liability.

The screenshot shows the 'Pharmacists Mutual Professional Liability Application for Insurance' form. The Pharmacist Mutual logo is at the top left. The form title is 'Pharmacists Mutual Professional Liability Application for Insurance'. There are two dropdown menus: 'State *' and 'Type of Insurance *'. The 'Type of Insurance *' dropdown is currently set to 'Pharmacist Professional Liability'. Below the dropdowns is a blue button labeled 'Continue with Application'. At the bottom right of the form, there is a Norton Secured logo with the text 'ABOUT SSL CERTIFICATES' and 'powered by digicert'.

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.

5. 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: *

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](tel:800.247.5930) for a quote.

University Address: *

University State: *

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

- 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 (see beginning of this document for that info).

If more than one classification applies, please call [800.247.5930](tel:800.247.5930) for a quote.

University Address: *

University State: *

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:

[Continue](#)

- 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.
 - 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.”
 - 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.
- 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](#)

PM 76 0616



ABOUT SSL CERTIFICATES
powered by digicert

- 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

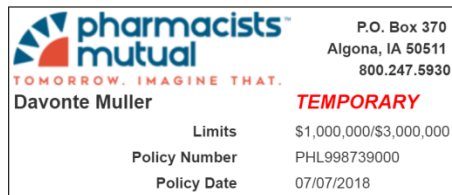
Policy Number: PHL998739000

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.