

Consulting Services Liability Endorsement

Complete your Protection Today for Just \$25 a Year.

If you're interested in adding the Consulting Services Liability Endorsement to your coverage, simply complete the request form and return it to NSO within **30 days of your application**, along with your payment of \$25.00.

If you have any questions about the endorsement or want to know if it is right for you, please call our Customer Service Center at 1-800-247-1500, Monday-Friday 8AM-6PM Eastern Time.

Please note:

- This additional coverage is not available to healthcare aides, technicians or technologists.

Dedicated to Serving the Insurance Needs of Nurses for Over 25 Years

Nurses Service Organization is a registered trade name of Affinity Insurance Services, Inc.; in CA (License #0795465), MN & OK AIS Affinity Insurance Agency, Inc.; and in NY, AIS Affinity Insurance Agency.

This form must be completed if you would like to add the Consulting Services Liability Endorsement to your Professional Liability Insurance policy.

This endorsement is for nursing professionals who use their knowledge as a licensed nurse or nurse practitioner to provide non-medical services such as medical administration, training, legal consultation, speaking at seminars, teaching or acting as an expert witness. (If you are a Case Manager, or otherwise provide case management services, please call 1-800-247-1500 for the appropriate application.)

Please note:

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First Name:	
Last Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Email:	
Professional Liability Insurance Policy Requested Effective Date:	

YES, I would like to add the Consulting Services Liability Endorsement to my Professional Liability insurance policy as of the Policy Effective Date listed above. I understand that I must submit this form, along with full payment, **within 30 days** of my application date.

Enclosed is my check for \$_____ (**Payable to NSO**)

Charge my credit card in the amount of \$_____.

AMEX Discover MasterCard Visa

Credit Card # _____ Expires: ____ / ____

Cardholder's signature: _____ Date: ____ / ____ / ____

PLEASE RETURN THIS FORM TO:

Nurse Service Organization 159 E. County Line Road Hatboro, PA 19040-1218	Or if paying by credit card, fax to: 1-800-758-3635
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