

Consulting Services Liability Endorsement

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

To add this coverage after your professional liability insurance policy effective date, you will be required to pay only a portion of the full premium of \$25.00. Please call our Customer Service Center at 1-800-247-1500, Monday-Friday 8AM-6PM Eastern Time, and a licensed representative will calculate the premium amount due based on your policy effective date and the date that you add this new coverage to your policy.

Then, simply complete the request form and return it to NSO **within 30 days of your request**, along with your payment of the premium due.

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 existing 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:

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

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Email:	
Policy number:	
Professional Liability Insurance Policy Effective Date:	
Consulting Services Liability Endorsement Effective Date:	
Quoted Premium due:	

YES, I would like to add the Consulting Services Liability Endorsement to my existing Professional Liability insurance policy as of the Effective Date listed above. I understand that I must submit this form, along with full payment, **within 30 days** of my request 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, you can fax to: 1-800-758-3635
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