TDC Specialty Underwriters
TDC GROUP

TDC Specialty Insurance Company
TDC National Assurance Company
(Stock companies owned by The Doctors Company)
(hereafter, the "Underwriter")
Servicing Address: 29 Mill Street
Unionville, CT 06085

MEDICAL FACILITIES –SCHOOLS SUPPLEMENTAL APPLICATION

THIS SUPPLEMENT IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS, REPRESENTATIONS AND AUTHORIZATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT.

ACCOUNT INFORMATION

1.	Applicant Name (as identified in the Liability Insurance Application for proposed insurance):	
	Doing Business As (DBA):	

FINANCIAL AND EXPOSURE DETAILS

2. Students and Faculty – Indicate the number in each applicable category:

Course/Program Description:	Total Number Of Students Enrolled	Total Number of Faculty	Total Hours: Clinical/Classroom	Total Hours: Clinical Only	Length of Program (Number of Years)
Allied Health School Describe: _____					
EMT School					
Nursing – Registered Nurses					
Nursing – LPN					
Nursing – Nurses Aide					
Nursing – Advanced Practice Nurse/Nurse Specialist					
Nursing – Other Describe:_____					
Optometry School					
Pharmacy School					
Physical Therapy					
Physician Assistant					
Advanced Training to Previously Licensed Professionals Describe:_____					
Other – Describe: _____					
Other – Describe: _____					
Other – Describe: _____					

3. Does the faculty supervise students in the clinical setting? ☐Yes ☐No

SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement are true and complete.

The notices, conditions, representations and authorizations contained in the Application submitted by or on behalf of the Applicant for the proposed insurance, are incorporated into and apply to this Supplement.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	