



Application for Behavioral & Allied Health Professional Liability Coverage

Self-Employed

This is an occurrence policy form. With an occurrence policy, you do not have to purchase a tail or extended reporting period (ERP) coverage after the policy is not needed. Please review the policy carefully and discuss coverage thereunder with your insurance agent or broker.

A lower limit of liability to judgments or settlements when there are allegations of sexual misconduct; (See IV.E. of the policy form)

This application is for professionals who are self-employed or acting as an independent contractor (1099). If acting as both, W2 and self-employed, use this self-employed application.

Applicant Information:

First Name:	MI:	Last Name:
Email Address:		
Primary Phone:	Cell Phone:	
Address 1:		
Address 2:		
City:	State:	Zip:

Check the single box that best describes your occupation:

<input type="checkbox"/> Aerobics Instructor	<input type="checkbox"/> Counselor Intern (CI)
<input type="checkbox"/> Art Therapist	<input type="checkbox"/> Dance Therapist
<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Dietitian
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Dietitian/Nutritionist
<input type="checkbox"/> Behavior Consultant	<input type="checkbox"/> Drug and Alcohol Counselor
<input type="checkbox"/> Behavior Specialist	<input type="checkbox"/> Exercise Physiologist
<input type="checkbox"/> Behavior Technician	<input type="checkbox"/> Fitness Professional
<input type="checkbox"/> Behavior Therapist	<input type="checkbox"/> Group Fitness Instructor
<input type="checkbox"/> Board Certified Assistant Behavior Analyst (BCaBA)	<input type="checkbox"/> Health Educator
<input type="checkbox"/> Board Certified Behavior Analyst (BCBA)	<input type="checkbox"/> Heller Worker
<input type="checkbox"/> Certified Case Manager	<input type="checkbox"/> Kinesio Therapist
<input type="checkbox"/> Certified Fitness Professional	<input type="checkbox"/> Kinesiologist
<input type="checkbox"/> Certified Nutritional Consultant	<input type="checkbox"/> Licensed Assistant Behavior Analyst
<input type="checkbox"/> Certified Nutritional Counselor	<input type="checkbox"/> Licensed Behavior Analyst
<input type="checkbox"/> Certified Personal Trainer	<input type="checkbox"/> Licensed Clinical Professional Counselor (LCPC)
<input type="checkbox"/> Certified Rehabilitation Professional	<input type="checkbox"/> Licensed Clinical Social Worker (LCSW)
<input type="checkbox"/> Clinical Psychologist	<input type="checkbox"/> Licensed Educational Psychologist (LEP)
<input type="checkbox"/> Counselor	<input type="checkbox"/> Licensed Marriage and Family Therapist (LMFT)

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<input type="checkbox"/>	Licensed Mental Health Counselor (LMHC)
<input type="checkbox"/>	Licensed Professional Clinical Counselor (LPCC)
<input type="checkbox"/>	Licensed Professional Counselor (LPC)
<input type="checkbox"/>	Licensed Psychologist
<input type="checkbox"/>	Licensed/Certified School Counselor
<input type="checkbox"/>	Life Coach
<input type="checkbox"/>	Limited Licensed Psychologist (LLP)
<input type="checkbox"/>	Marriage & Family Therapist Intern (MFTI)
<input type="checkbox"/>	Massage Therapist
<input type="checkbox"/>	Masters Level Psychologist (LLP)
<input type="checkbox"/>	Mental Health Technician
<input type="checkbox"/>	Music Therapist
<input type="checkbox"/>	Nationally Certified Counselor (NCC)
<input type="checkbox"/>	Nutritionist
<input type="checkbox"/>	Occupational Therapist
<input type="checkbox"/>	Optician
<input type="checkbox"/>	Pilates Instructor
<input type="checkbox"/>	Professional Clinical Counselor Intern
<input type="checkbox"/>	Provisional Licensed Professional Counselor
<input type="checkbox"/>	Psychological Assistant

<input type="checkbox"/>	Psychological Associate
<input type="checkbox"/>	Psychological Examiner
<input type="checkbox"/>	Qualified Mental Health Professional
<input type="checkbox"/>	Recreational Therapist
<input type="checkbox"/>	Rehabilitation Therapist
<input type="checkbox"/>	Rolfer
<input type="checkbox"/>	School Psychologist
<input type="checkbox"/>	Social Worker (BSW, LSW, MSW)
<input type="checkbox"/>	Speech Language Pathologist
<input type="checkbox"/>	Sports Medicine Instructor
<input type="checkbox"/>	Sports Medicine Therapist
<input type="checkbox"/>	Structural Body Worker
<input type="checkbox"/>	Student: Behavior Analysis
<input type="checkbox"/>	Student: Health
<input type="checkbox"/>	Student: Massage Therapy
<input type="checkbox"/>	Student: Mental Health
<input type="checkbox"/>	Wellness & Fitness Student
<input type="checkbox"/>	Wellness Counselor
<input type="checkbox"/>	Yoga Instructor
<input type="checkbox"/>	Yoga Therapist

INELIGIBLE APPLICANTS

- Nurses, Nurse Practitioners, Technologists, and Physician Assistants
- Experimental or unconventional treatment activities (i.e. sweat lodges)
- Correctional institution based occupations
- Residential based treatment facilities, foster care facilities, or adoption agencies
- Students not working under the supervision of a supervisor with the same occupation as the field of study, or students working under the supervision of a supervisor who is not in state or federal compliance regarding license or certification

Do you have a current professional liability policy with the NASW Risk Retention Group? Yes No
 If yes, what is your expiration date? _____

Qualification Questions

1. Has a malpractice claim or lawsuit been brought against you? Yes No
2. Have any licensing board inquiries been filed against you? Yes No
3. Has any of your insurance ever been cancelled or non-renewed? Yes No
4. Have you ever been the subject of a reprimand or disciplinary action, refused employment or admission to a professional society, had your privileges suspended by any court or administrative agency, or been the subject of any ethics investigation at a local, state, or national level? Yes No
5. Are you aware of any circumstances which may result in a malpractice claim or suit including sexual misconduct; or professional impropriety being made, or brought against you; or during the past twenty-four (24) months have any of your clients or patients in your care died; or did any sustain serious injury; or cause any property damages? Yes No

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6. Do you provide therapies, services, or activities involving Equine Therapy and/or Canine Therapy?

Yes No (This policy provides for an Endorsement for Equine Therapy and/or Canine Therapy)

7. Do you provide therapies, services, or activities involving Divorce Litigation? Yes No (This policy provides for an Endorsement for Divorce Litigation)

If your answer to any of the questions is “YES”, please provide a detailed explanation on a separate sheet and include any pertaining documentation from a licensing board, ethics committee, professional association, or healthcare facility; (i.e.: complaint, dismissal letter, consent agreement, or pertinent court documents.)

Coverage Options

Our Professional Liability Policy Includes:

- Medical Payments \$5,000 per incident/\$50,000 limit per policy period
- Emergency First Aid \$15,000 no incident frequency limit
- Wage Loss & Expenses \$1,000 per day/\$35,000 limit per policy period
- First-Party Assault \$15,000 no incident frequency limit per policy period

- Deposition Expenses \$5,000 per incident/\$35,000 limit per policy period
- Subpoena Defense \$400 limit for 1 claim per policy year
- Sexual Misconduct \$25,000 limit per policy year
- Licensing Board Defense \$35,000 per incident (no incident frequency limit)
- HIPAA Records Defense \$25,000 per incident (no incident frequency limit)

Please Note: The \$3,000,000/\$5,000,000 Limits of Liability option is only available for residents of the state of Virginia.

Do you want to buy this coverage in the name of your business? Yes No

If yes, legal name of your business: _____

A. SELECT COVERAGE (Check only one. To determine your premium please see the self-employed rate chart attached to this application. Choose your occupation and enter the corresponding rate.)

<input type="checkbox"/>	\$1,000,000 per occurrence/\$3,000,000 aggregate	\$
<input type="checkbox"/>	\$1,000,000 per occurrence/\$5,000,000 aggregate	\$
<input type="checkbox"/>	\$2,000,000 per occurrence/\$4,000,000 aggregate	\$
<input type="checkbox"/>	\$3,000,000 per occurrence/\$5,000,000 aggregate	\$

B. SELECT THE ENDORSEMENT LICENSING BOARD COVERAGE (optional, check one only)

<input type="checkbox"/>	Increase from \$35,000 covered by the base policy to \$50,000 (\$50 per year)	\$
<input type="checkbox"/>	Increase from \$35,000 covered by the base policy to \$75,000 (\$75 per year)	\$
<input type="checkbox"/>	Increase from \$35,000 covered by the base policy to \$100,000 (\$100 per year)	\$

C. SELECT ENDORSEMENTS (optional, check as many as you like and enter amount in last column)

<input type="checkbox"/>	Canine Coverage up to policy limits (\$35 per year)	\$
<input type="checkbox"/>	Equine Coverage up to policy limits (\$50 per year)	\$
<input type="checkbox"/>	Divorce Litigation Coverage (Limit of \$15,000/\$15,000) (\$99 per year)	\$
<input type="checkbox"/>	Third-Party Data Breach (Limit of \$5,000/\$12,000 per year) (\$59 per year)	\$
<input type="checkbox"/>	Workplace Location Coverage (see chart on next page)	\$
<input type="checkbox"/>	Additional Insured (calculate premium; see formula on next page)	\$
<input type="checkbox"/>	Name of Insured for Employees, Staff, and Affiliate Professionals (see next page)	\$
	Total Endorsement Premium:	\$

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Determine Endorsement Premiums

WORKPLACE LOCATION COVERAGE

Workplace Location Coverage is purchased for an additional amount based on the coverage limits selected (Section A). Enter the amount below corresponding to your selected limit coverage on the previous page in Section C in the last column on the Workplace Location Coverage line.

<input type="checkbox"/>	\$1,000,000 per occurrence/\$3,000,000 aggregate	\$ 623.00
<input type="checkbox"/>	\$1,000,000 per occurrence/\$5,000,000 aggregate	\$ 748.00
<input type="checkbox"/>	\$2,000,000 per occurrence/\$4,000,000 aggregate	\$ 872.00
<input type="checkbox"/>	\$3,000,000 per occurrence/\$5,000,000 aggregate	\$ 935.00

ADDITIONAL INSURED

The Additional Insured Endorsement premium is based on 20% your selected coverage limit rate and the number of additional insureds you would like cover.

The individuals and/or organizations such as landlords, employers, related services contract of services or those parties who own or are in control of the locations where Professional Services are delivered, are identified as Additional Insureds. If a legal entity is identified as an Additional Insured on this Endorsement, no officer, director, employee, member, contractor, or person associated with the legal entity is insured under this Policy unless that person is identified as a First Named Insured of the policy.

Are you required by your profession (or related to your professional services) to list any entity as an additional insured on your professional liability policy? Yes No

Additional Insureds (Entity): Please add the name, address, city, state, zip and any additional information* for the entity(ies) to be insured. If you have more than three (3) please provide on a separate sheet of paper and attach to your completed application.

Name	Address	City	State	Zip

Additional Insureds (Entity): If you have more additional insureds to add beyond those required, please add the name, address, city, state, zip and any additional information* for the entity(ies) to be insured. If you have more than five (5) please provide on a separate sheet of paper and attach to your completed application.

Name	Address	City	State	Zip

***Additional Information:** For any additional information on each additional insured, please provide on a separate sheet of paper and attach to your completed application.

Determine Your Additional Insureds Premium: Use the work table below to enter “Your Coverage Limit Rate” multiply by 20% to determine base premium and then multiply the number of insureds listed on the previous page (and/or on your attached sheet). Enter your “Your Additional Insured Premium” amount in Section C in the last column on the Additional Insured line.

Your Rate	20% of Your Rate	Number of Insureds	Your Additional Insured Premium

NAMED INSURED FOR EMPLOYEES, STAFF, AND AFFILIATED PROFESSIONALS

To determine your premium, please list who is going to be covered, their occupation and corresponding rate (see employed rate chart) and their relationship (W2 employee, independent contractor, temporary workers, student/intern, or others, except administrative staff not providing professional services). This endorsement does NOT apply to the first named insured. (Full Time Applicant)

Discount: Add the total named insured employees, independent contractors, etc with the total corresponding premium rate fee. The named insured endorsement premium discount is applied for the following staff volume and only applies to the staff related premium, not the entire policy premium:

2-5 Staff: 5% reduction off of the sum of corresponding occupation charges.

6-10 Staff: 8% reduction off of the sum of corresponding occupation charges.

11+ Staff: 15% reduction off of the sum of corresponding occupation charges.

Enter the determined endorsement premium amount on the previous page in Section C in the last column on the Named Insureds for Employees, Staff, and Affiliated Professionals line.

Name of Staff	Occupation	Relationship	Premium/Rate
		Discount:	
		Endorsement Premium:	
<i>*If you have more than six (6), please attached a separate sheet with all the required information.</i>			

Policy Premium

Please list your coverage limit selection and add-on endorsement premiums to determine your policy premium.

	Premium/Rate
A. Selected Coverage Limits	\$
B. Endorsement Licensing Board Coverage	\$
C. Selected/Optional Endorsements	\$
Total Policy Premium:	\$

Please go to the next page to indicate your payment method.

Payment Information

Payment Method: Check Credit Card

Total Amount:

If Paying by Check Please Provide (make check payable to: NASW RISK RETENTION GROUP)

If Paying by Credit Card Please Provide

Name on Credit Card:

Exp. Date:

Credit Card Number:

Security Code:

Please enroll me in the Annual Automatic Withdrawal service with my checking account or credit card.

Attest & Authenticate

The applicant declares the information contained in the application is true and that no materials facts have been suppressed or misstated. The applicant understands that incorrect information could void the insurance coverage. Submitting this application does not bind the undersigned to purchase this insurance, nor does the review of the application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued.

Any person who, knowingly and with intent to defraud any insurance company or person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. I have read/acknowledge the coverage information in this application.

Signature of Applicant

Today's Date

Desired Policy Effective Date



Mail application to: Assurance4You • 50 Citizens Way, Suite 304 • Frederick, MD 21701
Fax application to: 301.668.8728 • e: info@assurance4you.com • p: 855.835.2160

06-2020

Behavioral & Allied Health Occupations

Rates by Limits • Employed

Occupation	\$1M/\$3M	\$1M/\$5M	\$2M/\$4M	\$3M/\$5M*
Aerobics Instructor	\$247	\$296	\$346	\$371
Art Therapist	\$93	\$112	\$130	\$140
Athletic Trainer	\$185	\$222	\$259	\$278
Audiologist	\$133	\$160	\$186	\$200
Behavior Consultant	\$115	\$138	\$161	\$173
Behavior Specialist	\$115	\$138	\$161	\$173
Behavior Technician	\$115	\$138	\$161	\$173
Behavior Therapist	\$115	\$138	\$161	\$173
Board Certified Assistant Behavior Analyst (BCaBA)	\$135	\$162	\$189	\$203
Board Certified Behavior Analyst (BCBA)	\$135	\$162	\$189	\$203
Certified Case Manager	\$102	\$122	\$143	\$153
Certified Fitness Professional	\$169	\$203	\$237	\$254
Certified Nutritional Consultant	\$282	\$338	\$395	\$423
Certified Nutritional Counselor	\$282	\$338	\$395	\$423
Certified Personal Trainer	\$185	\$222	\$259	\$278
Certified Rehabilitation Professional	\$169	\$203	\$237	\$254
Clinical Psychologist	\$409	\$491	\$573	\$614
Counselor	\$300	\$360	\$420	\$450
Counselor Intern (CI)	\$300	\$360	\$420	\$450
Dance Therapist	\$91	\$109	\$127	\$137
Dietitian	\$136	\$163	\$190	\$204
Dietitian/Nutritionist	\$144	\$173	\$202	\$216
Drug and Alcohol Counselor	\$129	\$155	\$181	\$194
Exercise Physiologist	\$142	\$170	\$199	\$213
Fitness Professional	\$173	\$208	\$242	\$260
Group Fitness Instructor	\$260	\$312	\$364	\$390
Health Educator	\$135	\$162	\$189	\$203
Health Worker	\$149	\$179	\$209	\$224
Kinesio Therapist	\$122	\$146	\$171	\$183
Kinesiologist	\$122	\$146	\$171	\$183
Licensed Assistant Behavior Analyst	\$115	\$138	\$161	\$173
Licensed Behavior Analyst	\$115	\$138	\$161	\$173
Licensed Clinical Professional Counselor (LCPC)	\$276	\$331	\$386	\$414
Licensed Clinical Social Worker (LCSW)	\$275	\$330	\$385	\$413
Licensed Educational Psychologist (LEP)	\$413	\$496	\$578	\$620
Licensed Marriage and Family Therapist (LMFT)	\$182	\$218	\$255	\$273
Licensed Mental Health Counselor (LMHC)	\$313	\$376	\$438	\$470
Licensed Professional Clinical Counselor (LPCC)	\$276	\$331	\$386	\$414

* Coverage limits \$3M/\$5M available to Virginia residents only.

Behavioral & Allied Health Occupations

Rates by Limits • Employed

Occupation	\$1M/\$3M	\$1M/\$5M	\$2M/\$4M	\$3M/\$5M*
Licensed Professional Counselor (LPC)	\$276	\$331	\$386	\$414
Licensed Psychologist	\$409	\$491	\$573	\$614
Licensed/Certified School Counselor	\$133	\$160	\$186	\$200
Life Coach	\$120	\$144	\$168	\$180
Limited Licensed Psychologist (LLP)	\$413	\$496	\$578	\$620
Marriage & Family Therapist Intern (MFTI)	\$155	\$186	\$217	\$233
Massage Therapist	\$191	\$229	\$267	\$287
Masters Level Psychologist (LLP)	\$409	\$491	\$573	\$614
Mental Health Technician	\$333	\$400	\$466	\$500
Music Therapist	\$82	\$98	\$115	\$123
Nationally Certified Counselor (NCC)	\$300	\$360	\$420	\$450
Nutritionist	\$102	\$122	\$143	\$153
Occupational Therapist	\$75	\$90	\$105	\$113
Optician	\$300	\$360	\$420	\$450
Pilates Instructor	\$213	\$256	\$298	\$320
Professional Clinical Counselor Intern	\$300	\$360	\$420	\$450
Provisional Licensed Professional Counselor	\$300	\$360	\$420	\$450
Psychological Assistant	\$409	\$491	\$573	\$614
Psychological Associate	\$409	\$491	\$573	\$614
Psychological Examiner	\$409	\$491	\$573	\$614
Qualified Mental Health Professional	\$333	\$400	\$466	\$500
Recreational Therapist	\$98	\$118	\$137	\$147
Rehabilitation Therapist	\$164	\$197	\$230	\$246
Rolfer	\$149	\$179	\$209	\$224
School Psychologist	\$253	\$304	\$354	\$380
Social Worker (BSW, LSW, MSW)	\$275	\$330	\$385	\$413
Speech Language Pathologist	\$125	\$150	\$175	\$188
Sports Medicine Instructor	\$142	\$170	\$199	\$213
Sports Medicine Therapist	\$147	\$176	\$206	\$221
Structural Body Worker	\$171	\$205	\$239	\$257
Student: Behavior Analysis	\$47	\$56	\$66	\$71
Student: Health	\$29	\$35	\$41	\$44
Student: Massage Therapy	\$102	\$122	\$143	\$153
Student: Mental Health	\$180	\$216	\$252	\$270
Wellness & Fitness Student	\$198	\$238	\$277	\$297
Wellness Counselor	\$69	\$83	\$97	\$104
Yoga Instructor	\$160	\$192	\$224	\$240
Yoga Therapist	\$160	\$192	\$224	\$240

* Coverage limits \$3M/\$5M available to Virginia residents only.

Behavioral & Allied Health Occupations

Rates by Limits • Self-Employed

Occupation	\$1M/\$3M	\$1M/\$5M	\$2M/\$4M	\$3M/\$5M*
Aerobics Instructor	\$449	\$539	\$629	\$674
Art Therapist	\$251	\$301	\$351	\$377
Athletic Trainer	\$693	\$832	\$970	\$1,040
Audiologist	\$243	\$292	\$340	\$365
Behavior Consultant	\$254	\$305	\$356	\$381
Behavior Specialist	\$254	\$305	\$356	\$381
Behavior Technician	\$254	\$305	\$356	\$381
Behavior Therapist	\$254	\$305	\$356	\$381
Board Certified Assistant Behavior Analyst (BCaBA)	\$323	\$388	\$452	\$485
Board Certified Behavior Analyst (BCBA)	\$323	\$388	\$452	\$485
Certified Case Manager	\$245	\$294	\$343	\$368
Certified Fitness Professional	\$192	\$230	\$269	\$288
Certified Nutritional Consultant	\$511	\$613	\$715	\$767
Certified Nutritional Counselor	\$511	\$613	\$715	\$767
Certified Personal Trainer	\$200	\$240	\$280	\$300
Certified Rehabilitation Professional	\$345	\$414	\$483	\$518
Clinical Psychologist	\$788	\$946	\$1,103	\$1,182
Counselor	\$379	\$455	\$531	\$569
Counselor Intern (CI)	\$379	\$455	\$531	\$569
Dance Therapist	\$220	\$264	\$308	\$330
Dietitian	\$295	\$354	\$413	\$443
Dietitian/Nutritionist	\$279	\$335	\$391	\$419
Drug and Alcohol Counselor	\$288	\$346	\$403	\$432
Exercise Physiologist	\$181	\$217	\$253	\$272
Fitness Professional	\$192	\$230	\$269	\$288
Group Fitness Instructor	\$470	\$564	\$658	\$705
Health Educator	\$140	\$168	\$196	\$210
Health Worker	\$723	\$868	\$1,012	\$1,085
Kinesio Therapist	\$350	\$420	\$490	\$525
Kinesiologist	\$154	\$185	\$216	\$231
Licensed Assistant Behavior Analyst	\$788	\$946	\$1,103	\$1,182
Licensed Behavior Analyst	\$788	\$946	\$1,103	\$1,182
Licensed Clinical Professional Counselor (LCPC)	\$522	\$626	\$731	\$783
Licensed Clinical Social Worker (LCSW)	\$296	\$355	\$414	\$444
Licensed Educational Psychologist (LEP)	\$888	\$1,066	\$1,243	\$1,332
Licensed Marriage and Family Therapist (LMFT)	\$270	\$324	\$378	\$405
Licensed Mental Health Counselor (LMHC)	\$567	\$680	\$794	\$851
Licensed Professional Clinical Counselor (LPCC)	\$522	\$626	\$731	\$783

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Behavioral & Allied Health Occupations

Rates by Limits • Self-Employed

Occupation	\$1M/\$3M	\$1M/\$5M	\$2M/\$4M	\$3M/\$5M*
Licensed Professional Counselor (LPC)	\$522	\$626	\$731	\$783
Licensed Psychologist	\$607	\$728	\$850	\$911
Licensed/Certified School Counselor	\$254	\$305	\$356	\$381
Life Coach	\$288	\$346	\$403	\$432
Limited Licensed Psychologist (LLP)	\$695	\$834	\$973	\$1,043
Marriage & Family Therapist Intern (MFTI)	\$407	\$488	\$570	\$611
Massage Therapist	\$307	\$368	\$430	\$461
Masters Level Psychologist (LLP)	\$600	\$720	\$840	\$900
Mental Health Technician	\$605	\$726	\$847	\$908
Music Therapist	\$227	\$272	\$318	\$341
Nationally Certified Counselor (NCC)	\$379	\$455	\$531	\$569
Nutritionist	\$187	\$224	\$262	\$281
Occupational Therapist	\$172	\$206	\$241	\$258
Optician	\$544	\$653	\$762	\$816
Pilates Instructor	\$386	\$463	\$540	\$579
Professional Clinical Counselor Intern	\$379	\$455	\$531	\$569
Provisional Licensed Professional Counselor	\$379	\$455	\$531	\$569
Psychological Assistant	\$583	\$700	\$816	\$875
Psychological Associate	\$583	\$700	\$816	\$875
Psychological Examiner	\$864	\$1,037	\$1,210	\$1,296
Qualified Mental Health Professional	\$605	\$726	\$847	\$908
Recreational Therapist	\$261	\$313	\$365	\$392
Rehabilitation Therapist	\$398	\$478	\$557	\$597
Rolfer	\$723	\$868	\$1,012	\$1,085
School Psychologist	\$548	\$658	\$767	\$822
Social Worker (BSW, LSW, MSW)	\$296	\$355	\$414	\$444
Speech Language Pathologist	\$160	\$192	\$224	\$240
Sports Medicine Instructor	\$181	\$217	\$253	\$272
Sports Medicine Therapist	\$423	\$508	\$592	\$635
Structural Body Worker	\$525	\$630	\$735	\$788
Student: Behavior Analysis	\$86	\$103	\$120	\$129
Student: Health	\$53	\$64	\$74	\$80
Student: Massage Therapy	\$185	\$222	\$259	\$278
Student: Mental Health	\$326	\$391	\$456	\$489
Wellness & Fitness Student	\$359	\$431	\$503	\$539
Wellness Counselor	\$140	\$168	\$196	\$210
Yoga Instructor	\$193	\$232	\$270	\$290
Yoga Therapist	\$193	\$232	\$270	\$290

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