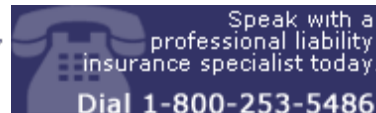




Allied Healthcare Professionals Insurance Center  
Administered by Lockton Companies, Inc.



### THANK YOU FOR YOUR APPLICATION

Should you have any questions while completing the online form, do not give up. Simply call our Customer Service Center where service staff are available to help you along the way. Phone toll-free: 1-800-253-5486, 8:00 AM - 5:00 PM, (CST) Mon-Fri.

### RATING INFORMATION

<u>Charge Category</u>	<u>Subtotal</u>
Administrative Fee	<b>\$0.96</b>
Base Premium	<b>\$16.00</b>
<b>Total Annual Premium:</b>	<b>\$16.96</b>

### APPLICANT INFORMATION

First Name: Barbara  
Middle Name:  
Last Name: Krutchkoff

Mailing Address Line 1: 100 Wilshire Blvd  
Mailing Address Line 2: Suite 950  
City/State/Zip: Santa Monica California 90401

Email Address: barbara@banhs.org  
Email Verification: barbara@banhs.org  
Daytime Phone: 8885987718  
Evening Phone: 8885987718  
Fax:  
Date of Birth (MM/DD/YYYY): 01/19/1963

### GEOGRAPHICAL LOCATION

Please select which of the following best describes your geographical location:

One of the following cities including metropolitan areas: Chicago, Houston, Los Angeles, New York, San Francisco or Seattle

**EDUCATION INFORMATION**

Please select the highest degree  
you have obtained: Bachelors

Graduation Date: 06/18/81

You are applying for coverage as a(n) , does  
your post High School education qualify you for  
this profession? Yes

**EMPLOYMENT/OCCUPATION INFORMATION**

Anticipated Graduation Date: 04/12/12

Permanent Address: 100 wilshire blvd suite 950

Permanent City/State/Zip: santa monica California 90401

Permanent Email Address: barbara@banhs.org

Are you a member of any professional  
association related to your occupation? Yes

If 'Yes', Association Name: BANHS

**OCCUPATION QUESTIONS**

- 1) Do you provide any professional services to  
professional athletes whose total annual income  
is \$25,000 or greater? No
- 2) Do you provide any professional services in or on the  
premises of any long-term care facility? No
- 3) Do you provide any type of youth-focused overnight  
professional programs such as Outward-Bound, boot  
camps, etc.? No

**PLEASE SELECT THE FOLLOWING**

Employment Category: Student

Have you had Professional Liability  
Insurance In the past 5 years? No

Occupation: Biofeedback Provider

Limit of Liability: \$1,000,000/\$1,000,000

**DISCOUNT/COVERAGE INFORMATION**

Are you required by contract to provide proof of coverage directly to a 3rd party (certificate holder)? No

Please indicate total number of years of experience relevant to your profession: None Provided

**WARRANTY QUESTIONS**

1) Within the last 10 years, have you had any of the following revoked, suspended, refused, cancelled, or voluntarily surrendered?

a.) State license, certification or registration: No

b.) Malpractice insurance: No

2) Within the last 10 years has a claim or suit for alleged malpractice ever been brought against you or are you aware of any incident that might reasonably lead to such a claim or suit?

No

3) Have you ever been convicted (as an adult) of a felony or is any such case pending?

No

4) Within the last 10 years have you had any complaints or charges brought against you by any licensing board or professional ethics body?

No

**SIGNATURE**

I hereby declare that the preceding statements and particulars contained in this application are true and that I have not suppressed or misstated any material facts and agree that this declaration shall be the basis of the contract between me and the underwriters. SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR UNDERWRITER TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION BECOMES A PART OF THE POLICY.

Name: Barbara Krutchkoff

Date: 05/02/2011

I request that my insurance become effective on: 6/01/11

(Effective date may not be earlier than 05/03/2011 or later than 07/30/2011)

**Please Note:** Coverage cannot be made effective until full payment is received. To help ensure you receive your requested effective date, please select our online payment service.

**Please also note that:**

1. Lockton may receive compensation from an insurer or other intermediary as a result of the sale of insurance to you.
2. The compensation received by Lockton may differ depending on the product, insurer and/or other intermediary.
3. Lockton may receive additional compensation from the insurer and/or other intermediary based upon other factors, such as premium volume placed with a particular insurer or through a particular intermediary and loss or claims experience.

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**HOW DID YOU FIND OUR WEBSITE?**

Please tell us how you heard about the ACHP sponsored Professional Liability Program?

Followed link from association website

BANHS

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Continue