

# PACIFICA GRADUATE INSTITUTE

## PROFESSIONAL INSURANCE STATEMENT

*Please type or print legibly.*

Student \_\_\_\_\_ Track:  MA-C  MA-D  MA-L

**In order to meet the professional insurance statement requirement please:**

- |  |
|--|
| <ol style="list-style-type: none"><li><b>1. Attach a photocopy of your professional liability policy &amp; check the box below</b></li><li><b>2. Provide complete information on this form.</b></li><li><b>3. Sign and date this form.</b></li><li><b>4. Return the original form to the Counseling Psychology Traineeship Office.</b></li></ol> |
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- Attached is a photocopy of the face sheet from **my** professional liability insurance policy, indicating a **minimum coverage of \$1,000,000 per occurrence, \$3,000,000 aggregate**, which will provide adequate coverage for the work I will perform during my traineeship. **In signing this form, I further agree to keep this policy in force throughout the time I am actively engaged in doing clinical work as part of my traineeship at Pacifica Graduate Institute. (Hours accrued without liability insurance will not be accepted.)**

Name of Insurance Company \_\_\_\_\_

Street Address of Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Limits (amount of coverage) \_\_\_\_\_

Policy Period: From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

**PLEASE RETURN ORIGINAL FORM TO:**  
Counseling Psychology Traineeship Office  
Pacifica Graduate Institute•249 Lambert Road• Carpinteria•CA 93013