



Application for Coverage

Please complete both pages of the application and check the coverage limits desired.

PTA Unit Information:	
PTA Name _____	School District _____
Mailing Address _____	County _____
City, State & Zip _____	Contact Phone Number _____
Primary Contact Name _____	Email Address _____
Secondary Contact Name _____	Email Address _____

Select Coverage Options:
<p><u>General Liability</u></p> <p><input type="checkbox"/> \$1 Million - \$85</p> <p><input type="checkbox"/> \$2 Million - \$225</p> <p><u>Extended Medical Payments Endorsement</u></p> <p><input type="checkbox"/> \$10,000 - \$85</p> <p><input type="checkbox"/> \$25,000 - \$95</p> <p><input type="checkbox"/> \$50,000 - \$105</p> <p><u>Media Liability Endorsement</u></p> <p><input type="checkbox"/> \$25,000 - \$70</p> <p><input type="checkbox"/> \$50,000 - \$90</p> <p><input type="checkbox"/> \$75,000 - \$120</p> <p><input type="checkbox"/> \$100,000 - \$160</p> <p><u>Professional Liability (Director & Officers Liability)</u></p> <p><input type="checkbox"/> \$1 Million - \$65</p> <p><u>Fidelity Bond (Crime)*</u></p> <p><input type="checkbox"/> \$10,000 - \$85</p> <p><input type="checkbox"/> \$25,000 - \$95</p> <p><input type="checkbox"/> \$50,000 - \$120</p> <p><u>Inland Marine (Business Personal Property)*</u></p> <p><input type="checkbox"/> \$10,000 - \$100</p> <p><input type="checkbox"/> \$25,000 - \$200</p> <p><input type="checkbox"/> \$50,000 - \$375</p> <p>Total Cost: \$ _____</p>

Have you had insurance declined, cancelled or non-renewed in the last three years?

No Yes

(If yes, please attach explanation)

Have you had any insurance claims in the last three years?

No Yes

(If yes, please attach explanation)

Make Checks Payable to:

AIM

PO Box 674051

Dallas, TX 75267-4051

Phone: 800-876-4044

Fax: 214-360-0802

Email: aim@aim-companies.com

Reminder!

1. Complete All Pages
2. Sign Application
3. Send Payment

*Higher limits are available upon request.

Policies cancelled before the effective date, are subject to a \$35 cancellation fee. Please note that all policies are subject to a minimum earned premium of 50% or \$50, whichever is greater, not to exceed the total annual premium.

Requirements of Fidelity Bond Coverage:

Coverage is void if the below requirements are not followed.

1. The PTA must conduct an annual review of the books by a Review Committee or qualified accountant.
2. The monthly bank statement must be reviewed and signed by someone who does not have authorization to sign checks. They need to be printed, signed and copies retained.

Acknowledgements:

- I acknowledge that I have received a copy of the NOTICE OF TERRORISM insurance coverage, offered under the General Liability and/or Inland Marine Property coverage. I have read it and make the following selection regarding Terrorism coverage:
- I hereby elect to purchase Terrorism coverage for a prospective premium of 5% of the policy premium subject to a \$100 minimum.
- General Liability
 - Inland Marine (Property)
- I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.
- General Liability
 - Inland Marine (Property)
- I acknowledge AIM may contact me by email.

Please list any Additional Insured's to be added: Applicable to General Liability Only

Please note, adding an Additional Insured means you agree to share the total limits of the policy

Name _____

Address _____ City, State & Zip _____

Phone Number _____ Name of Event _____

Date/Time(s) of Event(s) _____

Insurable interest of Additional Insured: (Circle or List) School/District Equipment Rental

Use of Premises Grantor of Permit Teacher/Instructor Other _____

- I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete. If information provided is found not true & accurate coverage may be voided.
- I certify that there have been no losses, accidents or circumstances that might give rise to a claim, that have not already been reported for a coverage(s) for which I am applying.
- I agree to all terms of this application.

Signature: _____ **Date:** _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U. S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- I hereby elect to purchase Terrorism coverage for a prospective premium of 5% of the policy premium subject to a \$100 minimum.
- I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Policyholder/Applicant's Signature

Account Name

Print Name

Date

Policy Number

Western World Insurance Company – Tudor Insurance Company – Stratford Insurance Company
300 Kimball Drive, Suite 500, Parsippany, New Jersey 07054
Telephone: (201) 847-8600