AAUP PROFESSIONAL LIABILITY INSURANCE PLAN APPLICATION CLAIMS-MADE PROFESSIONAL LIABILITY

Underwritten By: Liberty Insurance Underwriters Inc.

HOW TO APPLY:

- 1. Complete application below.
- 2. Note the premium below for the policy you selected. All premiums are annual.
- Return your completed application, along with your annual premium, to the address provided.
 Coverage is effective the date your application is approved and payment is received. Please allow three to four weeks for delivery of your policy.
 Please print or type all information.

NOTICE: THIS POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS TERMS AND CONDITIONS, THIS POLICY ONLY COVERS CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER IN WRITING DURING THE POLICY PERIOD, OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE.

CLAIM EXPENSES REDUCE THE LIMITS OF LIABILITY OF THIS POLICY. IN SUCH INSTANCE, THE LIMIT OF LIABILITY FOR THIS POLICY MAY BE COMPLETELY EXHAUSTED BY CLAIM EXPENSES AND THE COMPANY SHALL NOT BE LIABLE FOR CLAIM EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMIT OF LIABILITY.

RESIDENTS OF NEW YORK

Complete the information requested below – please print or type:							
AST NAME	FIRST NAME		MIDDLE INITIAL	DOB (Date of Birth)			
MAILING ADDRESS	CITY		STATE	ZIP			
BUSINESS PHONE	FAX#		HOME PHONE#	E-MAIL ADDRESS			
NAME OF THE EDUCATIONAL FACILITY FOR WHICH YOU WOR	<i>y</i>		VOLID DDOFFCCIONAL TITLE				
		ahaak ana haw		E (I.E., TEACHER, LIBRARIAN)			
Choose your Limit of Liability and Premi	,,	crieck <u>orie</u> box, Premium	l				
□ PLAN I – \$500,000 each claim/\$500,000 anr		\$75.00					
□ PLAN II - \$1,000,000 each claim/\$1,000	00 0	\$125.00 \$140.00					
□ PLAN III - \$1,000,000 each claim/\$3,000,00 □ PLAN IV - \$2,000,000 each claim/\$4,000,00	00 0	\$140.00 175.00					

BE SURE TO COMPLETE ALL PAGES AND SIGN LAST PAGE

I understand that I am not covered by this insurance while I am acting as any one of the following: Principal, Dean, Superintendent, other management staff, guidance counselor, nurse, psychologist, speech pathologist, physical therapist, dietician, occupational therapist or members of similar professions or administrative personnel. I understand that these professional occupations are excluded from the coverage.

8. Have you ever been disciplined, suspended, or dismissed from employment for cause? □Yes □No

9. Have you ever had your Professional Liability insurance denied, cancelled, or non-renewed (other than due to loss of market)*?

□Yes □No *Notice to Missouri Residents: This question does not apply

YOU MUST SIGN AND DATE THE APPLICATION

Declaration and Signature -

The undersigned, on behalf of all prospective insureds, after a reasonable inquiry, declares to the best of his/her knowledge and belief that the statements contained herein are and are the basis of the acceptance of the risk or the hazard assumed by the Company under this Policy. It is further agreed by the undersigned, its Subsidiaries and their directors, officers and trustees, that the Policy, if issued, is in reliance upon the truth of such representations. It is agreed that, although the signing of the Application does not commit the undersigned to purchase the insurance being applied for, the statements made in this Application shall become the basis of the Policy should one be purchased. The Company is hereby authorized to make any investigation and inquiry in connection with this application deemed necessary.

INSURANCE FRAUD WARNING

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

	111	
Signature of Applicant	Date	
Name of individual signing this application (pr	rinted)	
Producer's Signature	Producer's License Number	//
Producer's Name		
Coverage is underwritten by Liberty Insurance Ur	nderwriters, Inc., and offered through Associ	ation Member Benefits Advisors, LLC.
Coverage begins upon approval of your application	on and receipt of your premium payment.	
Enclosed is my check for \$Effect Make check payable to AMBA and return your che *May not be earlier than the date the administration.	neck and this application in the envelope pro	vided.
If you choose to pay by credit card, visit www.amm . Submission of your credit card information to AMM insurer. Any coverage is subject to the terms and	BA does not constitute receipt of payment or	r approval or binding of coverage by the
Payment will be processed upon review and acce *Credit card payments are not accepted by emails."		
*AMBA		

Underwritten by:

Liberty Insurance Underwriters, Inc.

Administrator: Brad J. Feller, Principal Association Member Benefits Advisors, LLC PO Box 850179 Minneapolis, MN 55485-0179 1-800-503-9230

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Educators Professional Liability Insurance Premium Calculation Worksheet

YOU MUST COMPLETE THIS FORM INSTEAD OF CALCULATING YOUR PREMIUM WITHIN YOUR APPLICATION. THE RATE DETERMINED ON THIS PAGE WILL BE YOUR RATE.

	Premium	
\$500,000 each claim/\$500,000 annual aggregate \$1,000,000 each claim/\$1,000,000 annual aggregate	\$ 75.00 \$125.00	
\$1,000,000 each claim/\$3,000,000 annual aggregate	\$140.00	
\$2,000,000 each claim \$4,000,000 annual aggregate	\$175.00	
	·	
REMIUM COMPUTATION When calculating your premium, see the rate chart above	and choose your limits.	
1. Determine the premium for the coverage limits you de	sire.	_\$
2. Determine your prior acts step factor. Enter it here:		X
Here's how to determine your prior acts step fac		
Do you have current professional liability insurar		
If no, your factor is .80. Enter next to Line 2 about		
If yes, what is your current policy retroactive dat	e?	
Subtract the year of your retroactive date from the	he current year to calculate the n	umbor of voore
on which to base your step factor. Use the chart		
on which to base your step factor. Use the chart factor and enter above.		
factor and enter above.		
factor and enter above. Step # of Years Factor 0-1 80%		
factor and enter above. Step # of Years Factor 0-1 80% 2 90%		
factor and enter above. # of Years Step Factor 0-1 80% 2 90% 3 95%		
factor and enter above. Step # of Years Factor 0-1 80% 2 90%		
# of Years Step # of Years Factor 0-1 80% 2 90% 3 95% 4+ 100%	below to determine your corresp	oonding step
factor and enter above. # of Years Step # of Years Factor 0-1 80% 2 90% 3 95% 4+ 100% 3 Multiply Line 1 by Line 2 (Premium x Prior Acts Step F	below to determine your corresp	
factor and enter above. # of Years Step	below to determine your corresp	oonding step
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AMBA Insurance Compensation & Disclosure

In accordance with industry custom, Association Member Benefits Advisors (in California DBA: Association Member Benefits & Insurance Agency) is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. These commissions are used to fund enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing, and communications. Our compensation may vary depending on the type of insurance purchased and the insurer selected.