

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.
3. 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 INSURED 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:

| | | | |
|---|------------|--|---------------------|
| LAST 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 WORK | | YOUR PROFESSIONAL TITLE (I.E., TEACHER, LIBRARIAN) | |

Choose your Limit of Liability and Premium Amount: (please check one box)

- | | Premium |
|---|----------|
| <input type="checkbox"/> PLAN I – \$500,000 each claim/\$500,000 annual aggregate | \$75.00 |
| <input type="checkbox"/> PLAN II – \$1,000,000 each claim/\$1,000,000 annual aggregate | \$125.00 |
| <input type="checkbox"/> PLAN III – \$1,000,000 each claim/\$3,000,000 annual aggregate | \$140.00 |
| <input type="checkbox"/> PLAN IV – \$2,000,000 each claim/\$4,000,000 annual aggregate | \$175.00 |

BE SURE TO COMPLETE ALL PAGES AND SIGN LAST PAGE

Please answer the following questions:

NOTE: If you are not an employee of an Educational Institution, you will not be eligible for coverage. If the answer to any of the questions below is "yes", please provide a detailed explanation in the space provided. If more space is needed, please provide complete detail by attachment, including dates, if applicable.

1. During the past five years have any claims ever been made, or is any claim now pending, against you? Yes No

2. Are you aware of any circumstance which may result in a claim being made against you? Yes No

3. Are you an employee of an Educational Institution? Please describe your duties as an employee. Yes No

4. Do you work as an independent contractor for an Educational Institution? Please describe your duties. Yes No

5. Do you have a degree in teaching and are you certified to provide services as an educator?..... Yes No

6. Please list any teaching degrees and/or teaching certifications below.

7. Has your license to teach ever been suspended or revoked? Yes No

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

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.

YOU MUST SIGN AND DATE THE APPLICATION

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.

| Coverage Limit: | Premium |
|---|----------|
| \$500,000 each claim/\$500,000 annual aggregate | \$ 75.00 |
| \$1,000,000 each claim/\$1,000,000 annual aggregate | \$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 |

PREMIUM COMPUTATION

When calculating your premium, see the rate chart above and choose your limits.

1. Determine the premium for the coverage limits you desire. \$ _____

2. Determine your prior acts step factor. Enter it here: X _____

Here's how to determine your prior acts step factor:

Do you have current professional liability insurance?

If no, your factor is .80. Enter next to Line 2 above.

If yes, what is your current policy retroactive date? _____

Subtract the year of your retroactive date from the current year to calculate the number of years on which to base your step factor. Use the chart below to determine your corresponding step factor and enter above.

| # of Years | Step Factor |
|------------|-------------|
| 0-1 | 80% |
| 2 | 90% |
| 3 | 95% |
| 4+ | 100% |

3. Multiply Line 1 by Line 2 (Premium x Prior Acts Step Factor). Enter your total \$ _____

Name: _____

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.