

EDUCATORS PROFESSIONAL LIABILITY INSURANCE PLAN APPLICATION

CLAIMS-MADE PROFESSIONAL LIABILITY

Underwritten By: Chicago Insurance Company

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.

All coverages elected must be under the same policy limits. Coverage is effective the date your application is approved and payment is received. Please allow three to four weeks for delivery of your certificate. **Please print or type all information.**

NEW JERSEY RESIDENTS ONLY

Complete the information requested below – please print or type:

LAST NAME	FIRST NAME	INITIAL
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 Annual Premium Amount Due: *(please check one box)*

	Premium		Assessment/Surcharges*		Total Amount Due
<input type="checkbox"/> PLAN I – \$500,000 each claim/\$500,000 annual aggregate	\$75	+	\$.68	=	\$75.68
<input type="checkbox"/> PLAN II – \$1,000,000 each claim/\$1,000,000 annual aggregate	\$125	+	\$1.13	=	\$126.13

*Includes .9% New Jersey Property and Liability Insurance Guaranty Association (PLIGA) Assessment. See insert for details.

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

BE SURE TO COMPLETE ALL PAGES AND SIGN LAST PAGE

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signing this application does not bind the Company to provide the insurance, but it is agreed that this Application will be part of the policy contract if a policy is issued. I have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement. With respect to Questions 1 and 2, it is agreed that if such knowledge of any claim, fact or circumstance exist, any claim or action subsequently arising therefrom shall be excluded from coverage should this proposed Application lead to an insurance policy being issued. Further, it is agreed that if any significant adverse change in the condition of the applicant is discovered between the date of this Application and the effective date of the policy, which would render this Application untrue, inaccurate or incomplete, notice must be reported in writing to the Company/Insurer immediately.

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. Coverage is underwritten by Chicago Insurance Company, Chicago, Illinois, and offered through Seabury & Smith. The Educators Professional Liability Program has been organized as a purchasing group (the Educators Purchasing Group Association), a not-for-profit corporation located and domiciled in Illinois pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group when your completed Application has been approved and there has been receipt of your payment.

PLEASE NOTE: this is a claims-made policy. This policy covers claims first made during the policy period as a result of acts, errors and omissions committed during the policy period.

Coverage begins upon approval of your application and receipt of your premium payment.

In this transaction, Marsh is acting as the insurance agent and program manager for Chicago Insurance Company ("Insurer") for this type of coverage, and not as your insurance broker. Comparable insurance products may be available in the insurance market place. Marsh is only offering this selected carrier quote proposal.

Marsh earns and retains interest income on premium held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

Marsh & McLennan Companies, Inc. and its subsidiaries own equity interests in certain insurers and have contractual arrangements with certain insurers and wholesale brokers. Information regarding such interests and contracts is available at <http://global.marsh.com/about/Transparency.php>

The premium quoted includes up to 31.5% commission payable to Marsh. Your premium payment indicates your consent to bind coverage on your behalf subject to underwriting approval and to this commission for this policy period and subsequent renewals, including any changes in commission rates at any such renewal.

New Jersey Only – Property and Liability Insurance Guaranty Association - (PLIGA)

The New Jersey Insurance Commissioner has instructed us to pay an assessment for the state Property and Liability Insurance Guaranty Association. The Guaranty Association is maintained to make funds available should an insurance company be unable to meet its financial obligations to all policyholders. In such circumstances, New Jersey law authorizes insurers to surcharge their customers to recoup these assessments.

Your policy includes this surcharge. The amount of the surcharge is shown on your declarations page as "PLIGA Surcharge."

YOU MUST SIGN AND DATE THIS APPLICATION

Signature _____ Date _____

Enclosed is my check for \$ _____ Effective Date Desired* _____

Make check payable to Seabury & Smith/Marsh and return your check and this application in the envelope provided.

*May not be earlier than the date the administrator receives and approves this application.

I authorize Seabury & Smith/Marsh to charge my: VISA MasterCard Amount \$ _____

Credit Card Number _____ Expiration Date _____

Print name exactly as it appears on card _____

Administrator:

MARSH

Affinity Group Services
a service of Seabury & Smith

P.O. Box 9153
Des Moines, IA 50306-9153
1-800-503-9230
www.proliability.com
CA-0633005

Underwritten by:

Chicago Insurance Company
One of the Fireman's Fund Insurance Companies®

Educators Professional Liability Insurance

For almost any reason, you can be sued for alleged errors or mistakes in the delivery of – or even failure to deliver – your professional services.

And, whether valid or not, a claim for a negligent act, error, omission or personal injury could mean expensive litigation and a damaging judgment if an award is rendered against you.

Lawsuits against educators have increased at an alarming rate. To protect our educators, this comprehensive plan has been designed with your needs in mind. You can now secure \$1,000,000 in liability protection against an unexpected lawsuit for damages arising from the professional services you provide. This even includes self-employed tutorial activities performed on a part-time basis ... other plans add an additional premium charge for these activities.

The Educators Professional Liability Insurance Plan pays legal fees and related court costs even if the allegations of a lawsuit are groundless, false or fraudulent. Plus, you'll be paid up to \$250 for loss of earnings each day you're required to attend a trial, hearing arbitration proceeding with a maximum payment of \$5,000 for any one or series of trials, hearings or arbitration proceedings.

What's more, if you should terminate your coverage at any time, or if you should decide not to renew your policy at the end of the policy year, you may purchase an extended reporting period option for up to three years. In the event of retirement, an unlimited extended reporting period is available.

Please read your policy carefully for complete coverage details. Protect yourself now.

Provides protection for professional liability claims including, but not limited to:

- Corporal Punishment (damages and/or claims expenses to a maximum of \$10,000).
- Breach of Professional Duty.
- Failure to Educate.
- Personal Injury (libel, slander, defamation of character, etc.).
- Publisher's Liability – specifically for the publication of research papers or similar material, but only if compensation is not received.
- Employment Tenure Disputes.

Plus – you're protected with additional benefits not normally found in either your employer's policy or any other individual policies, including:

- Self-employed tutorial activities on a part-time basis are covered automatically and at no additional cost. Most other policies charge an additional premium.

Your Choice of Two Plans

Plan I

\$500,000 each claim
\$500,000 annual aggregate
Annual Cost: \$75

Plan II

\$1,000,000 each claim
\$1,000,000 annual aggregate
Annual Cost: \$125

Each Plan provides first dollar coverage with no deductibles!

Most other policies require a \$100 deductible or more per claim.

WHO MAY APPLY

A wide range of educational occupations are eligible. Faculty members (including Division and Department Chairperson), librarian research scholars, colleagues, members of the instructional staff or employees of an "educational institution," are eligible to apply for coverage under this Plan.

Please note: Coverage is not provided for principals, deans, superintendents, other management staff, guidance counselors, nurses, psychologists, speech pathologist, physical therapists, dieticians, occupational therapists or member of similar professions, or administrative personnel.

HERE'S HOW TO APPLY:

1. Review, complete, date and sign the enclosed application.
2. Remember to indicate the Plan of your choice.
3. Mail your completed application for approval along with your first annual premium check (payable to Seabury & Smith) to:
Marsh Affinity Group Services
a service of Seabury & Smith
P.O. Box 9153
Des Moines, IA 50306-9153

Administered By:

MARSH

Affinity Group Services

a service of Seabury & Smith

P.O. Box 9153

Des Moines, IA 50306-9153

Toll-Free: 1-800-686-1172

www.proliability.com

CA-0633005

Underwritten By:

Chicago Insurance Company

one of the Fireman's Fund Insurance Companies®

Coverage may not be available in all states.

Your coverage will begin upon approval of your application and receipt of your premium check by the Insurance Administrator.

This policy covers claims first made and reported to the Insurance Company during the policy period as a result of acts, errors or omissions committed during the policy period.

PLEASE NOTE: If there is a conflict between the policy language and any information provided in this brochure, the policy language shall control.

Exclusions

The basic policy contains the customary exclusions. For example, it does not insure you for dishonest, fraudulent, criminal or malicious acts or omissions; for any claims related to bodily injury, sickness, disease or death; for liability associated with Worker's Compensation law, or for injury to, or destruction of, property. The policy does not insure for losses covered under other valid policies for which notice of claim has been given. Also excluded are collective bargaining/union activities.

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PLP-ED