



# Idaho PTA

Common Expiration Date 12/1

## Application For Insurance

**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><b>Idaho State PTA Required Package - \$125</b></p> <p><input type="checkbox"/> <b>Package includes:</b></p> <p style="padding-left: 40px;"> <b>\$1 Million General Liability(GL)* \$50</b>  <b>\$25,000 Fidelity Bond* \$25</b>  <b>Idaho State Fees \$50</b> </p> <p><b>Additional Coverage Options: (Not required by ID State PTA)</b></p> <p><u>(GL) Extended Medical Payments Endorsement</u></p> <p><input type="checkbox"/> \$10,000 - \$85</p> <p><input type="checkbox"/> \$25,000 - \$195</p> <p><input type="checkbox"/> \$50,000 - \$105</p> <p><u>(GL) 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><b>Inland Marine Coverage (Business Personal Property)*</b></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><b>Officers Liability (Non-Profit Professional Liability)</b></p> <p><input type="checkbox"/> \$1 Million - \$65</p> <p><b>Total Cost: \$ _____</b></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)

**Reminder!**

- 1. Complete Both Pages**
- 2. Sign Application**
- 3. Send Payment**

Make Checks Payable to: Idaho PTA  
 1655 West Fairview #109  
 Boise, ID 83702  
 AIM Phone: 800-876-4044  
 AIM Fax: 214-360-0802  
 AIM Email: aim@aim-companies.com

\*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 voided if these 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 I can access my policy online ([www.aim-companies.com](http://www.aim-companies.com))
- I acknowledge AIM may contact me by email.

**Signature** \_\_\_\_\_

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

### 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 \_\_\_\_\_

Beginning Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Ending Date of Event \_\_\_\_\_ Ending Time \_\_\_\_\_

Where to Send Revised Certificate \_\_\_\_\_

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.

**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**

## **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 concurrence with the Secretary of State, 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 PAYS 85% 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.

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Policyholder/Applicant's Signature

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Account Name

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Print Name

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Date

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Policy Number

Western World Insurance Company – Tudor Insurance Company – Stratford Insurance Company  
400 Parson's Pond Drive, Franklin Lakes, NJ 07417-2600  
Telephone: (201) 847-8600