

EDUCATORS 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.

CLAIMS EXPENSES REDUCE THE LIMIT OF LIABILITY. THIS COULD RESULT IN THE LIMIT OF LIABILITY BECOMING COMPLETELY EXHAUSTED BY THE PAYMENT OF CLAIMS EXPENSES, IN WHICH CASE, NO FURTHER COVERAGE IS PROVIDED BY THIS POLICY.

IF YOU ARE A RESIDENT OF MASSACHUSETTS, NEW HAMPSHIRE, NEW YORK, OKLAHOMA, OR SOUTH DAKOTA PLEASE CONTACT OUR OFFICE FOR THE CORRECT APPLICATION.

Complete the information requested below – please print or type:

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

	Total Amount Due
☐ PLAN I – \$500,000 each claim/\$500,000 annual aggregate	\$ 75.00
☐ PLAN II – \$1,000,000 each claim/\$1,000,000 annual aggregate	\$ 125.00
☐ PLAN III – \$1,000,000 each claim/\$3,000,000 annual aggregate	\$ 140.00
☐ PLAN IV – \$2,000,000 each claim/\$4,000,000 annual aggregate	\$ 170.00

BE SURE TO COMPLETE ALL PAGES AND SIGN LAST PAGE

West Virginia Residents Only:

	Total Amount Due
☐ PLAN I – \$500,000 each claim/\$500,000 annual aggregate	\$ 75.00 + 0.41 = 75.41*
☐ PLAN II – \$1,000,000 each claim/\$1,000,000 annual aggregate	\$ 125.00 + 0.69 = 125.69*
☐ PLAN III – \$1,000,000 each claim/\$3,000,000 annual aggregate	\$ 140.00 + 0.77 = 140.77*
☐ PLAN IV – \$2,000,000 each claim/\$4,000,000 annual aggregate	\$ 170.00 + 0.94 = 170.94*

*Includes 0.55% West Virginia Fire & Casualty Surcharge

New Jersey Residents Only:

	Total Amount Due
☐ PLAN I – \$500,000 each claim/\$500,000 annual aggregate	\$ 75.00 + 1.00 = 76.00*
☐ PLAN II – \$1,000,000 each claim/\$1,000,000 annual aggregate	\$ 125.00 + 1.00 = 126.00*
☐ PLAN III – \$1,000,000 each claim/\$3,000,000 annual aggregate	\$ 140.00 + 1.00 = 141.00*
☐ PLAN IV – \$2,000,000 each claim/\$4,000,000 annual aggregate	\$ 170.00 + 1.00 = 172.00*

*Includes 0.5% NJ Property Liability Insurance Guaranty Association Surcharge (PLIGA) (rounded)

Florida Residents Only:

	Total Amount Due
☐ PLAN I – \$500,000 each claim/\$500,000 annual aggregate	\$ 75.00 + 0.75 = 75.75*
☐ PLAN II – \$1,000,000 each claim/\$1,000,000 annual aggregate	\$ 125.00 + 1.25 = 126.25*
☐ PLAN III – \$1,000,000 each claim/\$3,000,000 annual aggregate	\$ 140.00 + 1.40 = 141.40*
☐ PLAN IV – \$2,000,000 each claim/\$4,000,000 annual aggregate	\$ 170.00 + 1.70 = 171.70*

*Includes 1% Florida Insurance Guaranty Association Surcharge (FIGA)

Kentucky Residents Only:

Due to state taxes and surcharges, please do not submit premium at this time. You will receive a quote from our underwriting department once your applications is received and reviewed.

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 ☐ Yes ☐ No

(other than due to loss of market)*? *Notice to Missouri Residents: This question does not apply

*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

IN ALL STATES OTHER THAN THOSE LISTED BELOW: 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 may be a crime and may subject the person to criminal and civil penalties.

ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: 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 subjects such person to criminal and civil penalties.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

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.

Signature of Applicant

____/____/____
Date

Name of individual signing this application (printed)

Producer's Signature

Producer's License Number

____/____/____
Date

Producer's Name

Coverage is underwritten by Liberty Insurance Underwriters, Inc., and offered through AMBA.

PLEASE NOTE: Notice to Missouri Residents: Registered Agent: Brad J. Feller, Principal, AMBA. License # 3001746223

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

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

Make check payable to AMBA 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.*

If you choose to pay by credit card, visit www.ambasecureservice.com/3161 to enter your credit card information and upload this form*. Submission of your credit card information to AMBA does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer.

Payment will be processed upon review **and** acceptance of your submission.

**Credit card payments are not accepted by email or fax.*



Administrator:

Stephen Miller, Sr. Vice President
CA License #0G07163
AMBA
PO Box 850179
Minneapolis, MN 55485-0179
1-800-503-9230

Underwritten by:

Liberty Insurance Underwriters, Inc.

CA Insurance License #0I96562

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AMBA Insurance Compensation & Disclosure

In accordance with industry custom, AMBA 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.

Professional Liability Insurance Educator Supplemental Questionnaire

Thank you for your application for coverage. In order to enable us to complete the underwriting process, it is essential that you answer all questions in this supplement to the application accurately. Additionally, please note that this supplement is subject to all warranties and disclosures you provide in the application for coverage and your policy, if one is issued, will be issued in part in reliance upon the statements made herein.

Name of Applicant: _____

1. Check all that apply to work you perform and estimate the percentage of your working time in each (**total should equal 100%**) of the following capacities:

- | | |
|--|---------|
| ☐ Employed (W-2 employee) | _____ % |
| ☐ Self-Employed (Independent Contractor paid on a 1099 tax basis) | _____ % |
| ☐ Self-Employed as an independent business owner | _____ % |
| ☐ Other _____ | _____ % |

2. Please provide a current copy of your teaching licenses/certifications.

3. Please complete the following questions regarding specialty training and licensure:

3A. Do you have a medical degree or any medical licenses or certifications (including occupational therapy, psychology and/or related disciplines?)

☐ Yes ☐ No

If 'Yes' please specify: _____

3B. Do you provide any Special Education, Early Intervention, or ABA therapy services?

☐ Yes ☐ No

If 'Yes' please provide the percentage of services you provide in each of the following specialties:

Special Education	_____ %
Early Intervention	_____ %
ABA Therapy	_____ %

3C. For all Special Education, Early Intervention, or ABA therapy services are you licensed or certified?

☐ Yes ☐ No

If no, do any states in which you provide such services require a license or certification?

☐ Yes ☐ No

4. Please provide an estimated percentage breakdown of types of clients / students you serve (**total should equal 100%**):

Early Childhood (Birth – 3 yrs)	_____ %	High School	_____ %
Pre- K (Ages 4 – 5)	_____ %	Post-Secondary	_____ %
K – 5 th Grade	_____ %	Other (Describe)	_____ %
Middle School/ Junior High	_____ %		

5. If teaching K-12, post-secondary or other, what subject (i.e. math, science, history) do you instruct? _____

6. Please provide an estimated percentage for the location(s) where you provide Educational services (**total should equal 100%**):

At your independent business	_____ %	At a K-12 facility or College/University	_____ %
At a daycare facility	_____ %	At a Learning Center	_____ %
At a preschool	_____ %	At the client's/ student's home	_____ %
At your home	_____ %	Remote/ Telepractice Instruction	_____ %
At a Therapy/ Therapeutic Center	_____ %	Other (Describe)	_____ %

7. If you are providing remote/telepractice services, are you licensed in all states you are teaching in?

☐ Yes ☐ No

If no, please list the states in which you do not hold a license. _____

8. If you are providing services to early intervention (Birth-3)/ preschool students (age 4-5), are the services provided in a childcare/daycare setting?
If no, what is the location? _____ ☐ Yes ☐ No

9. Please list all names and websites of the facilities where you provide services. _____

10. Is all home instruction (your home or the student's) supervised by parent or legal guardian at all times? ☐ Yes ☐ No

**If instruction is not supervised, provide a blank sample of a waiver signed by the parent/guardian.

11. Have you ever been charged, convicted, or accused of a crime (misdemeanor or felony)? ☐ Yes ☐ No

If 'Yes' please provide a detailed explanation. If more space is needed, please provide complete details by attachment, including dates, if applicable:

12. Have you ever been involved in, or been accused of involvement in any incident or circumstances that resulted in an allegation of sexual misconduct or abuse? ☐ Yes ☐ No

If 'Yes' please provide a detailed explanation. If more space is needed, please provide complete details by attachment, including dates, if applicable:

13. Have you resigned or been asked to resign from a teaching position and why? ☐ Yes ☐ No

If yes, please provide a detailed explanation. If more space is needed, please provide complete details by attachment, including dates.

If you are in need of a memorandum holder, please provide the following information: Add attachment if more than one memorandum holder is needed.

Memorandum Holder Information: No PO Boxes allowed.

Name: _____

Address: _____

City, State, Zip: _____

As a supplement to the application, the undersigned recognizes that he/she has a continuing obligation to declare to the best of his/her knowledge and belief that the statements contained herein are true and are the basis of the acceptance of the risk or the hazard assumed by the Insurer under this Policy. It is further agreed by the undersigned, that if the Insurer issues the coverage for services, which the applicant is requesting in the Policy, it is in reliance upon the truth of such representations. It is agreed that, although the signing of this Supplement to the Application does not commit the undersigned to purchase such additional insurance, the statements made herein shall be included with those made in the Application and become the basis of the Policy should one be purchased. The Insurer is hereby authorized to make any investigation and inquiry in connection with the Application and all supplements thereto, as it deems necessary.

Signature of Applicant

Title

Date

Name of individual signing this application (printed)