SCOTTSDALE INSURANCE COMPANY®
Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

EDUCATORS PROFESSIONAL LIABILITY INSURANCE APPLICATION

Myron F. Steves and Company
P.O. Box 4479
Houston, TX 77210-4479

APPLICANT INFORMATION

1. **Legal Name of the Association:** _____
2. **Address:** _____
   _____
3. **Name of Association Administrator:** _____
4. **Association Phone Number:** _____ **Fax Number:** _____
   Website Address: _____
5. **Is the Association For Profit?** ☐ Yes ☐ No
   Not-For Profit? ☐ Yes ☐ No
6. **Date Organized:** _____
7. **Date the Association's Bylaws and Constitution were last amended:** _____
   Please attach a copy of the Association's Bylaws.

UNDERWRITING INFORMATION

8. **Number of Association members last year:** _____
9. **Expected number of Association members this year:** _____
10. **Coverage desired:** ☐ Blanket (All Members Insured) ☐ Elective (Members Elect Coverage)
11.

Check All Categories of Membership Eligible for Insurance	Approximate Number of Insureds Expected for the Coming Year
☐ **General Curriculum Teachers**	
☐ **Vocational Teachers**	
☐ **Special Education Teachers**	
☐ **Physical Education Teachers** (includes health, physical education, recreation & dance teachers)	
☐ **Principals**	
☐ **Administrators**	
☐ **Licensed Health Care Professionals**	
☐ **Student Teachers**	
☐ **Clerical**	
☐ **Support Personnel***	
☐ **Other (describe):** _____	
TOTAL NUMBER OF MEMBERS TO BE INSURED:	

*** List specific duties of support personnel:** _____
_____

12. **Has the proposed coverage ever been purchased?** ☐ Yes ☐ No

If yes, please provide Insurer, Policy Period, Limits, Premium or Price Per Member: _____

13. **Has any company ever cancelled, declined, or refused to renew your educators professional liability coverage?** (not applicable to Missouri applicants) ☐ Yes ☐ No

If yes, give details: _____

14. **Are you aware of any circumstances that may result in a claim or suit?** ☐ Yes ☐ No

15. **Do you have knowledge of any claim or suit brought against any proposed insured?** ☐ Yes ☐ No

On a separate sheet, please attach a **CLAIMS HISTORY for the past three years,** whether or not covered by insurance.

Provide details by year of the number of third party liability claims; the number of first party claims; the amounts paid or reserved for loss and expense; and the current status.

POLICY TERM

16. **This insurance is to be effective:** From: _____ To: _____

AUTHORIZED ASSOCIATION REPRESENTATIVE

17. **The official designated to receive any and all notices from the insurer or General Agent to the Association concerning any policy issued as a result of this application shall be (please type or print):**

Name: _____ Title: _____

Attestation—The undersigned being authorized by, and acting on behalf of, the Association and all persons or concerns seeking insurance, represents that the statements and facts made in this application are true and that no material facts have been suppressed or misstated. The undersigned acknowledges a continuing obligation to report to us as soon as practicable any material change in the facts and statements above, and in each supplementary application, for which the applicant becomes aware after signing the application. Completion of this form does not bind coverage. The undersigned's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.

FRAUD WARNING

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 act, which is a crime and subjects such person to criminal and civil penalties.

_____

ASSOCIATION REPRESENTATIVE (PLEASE PRINT)

_____ _____ _____

AUTHORIZED SIGNATURE OF ASSOCIATION REPRESENTATIVE TITLE DATE

AGENT INFORMATION

AGENCY: _____

AGENT'S SIGNATURE: _____

AGENT'S ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____