

EDUCATORS PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION

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

Current Policy Number: _____

APPLICANT INFORMATION

1. Legal Name of the Association: _____
2. Address: _____
3. Name of Association Administrator: _____
4. Association's Telephone Number: _____ Fax Number: _____
 Website Address: _____
5. Date the Association's Bylaws and Constitution were last amended: _____
 Please attach a copy of the Association's Bylaws if amended in the past year.

UNDERWRITING INFORMATION

6. Current number of Association members: _____
7. Expected number of Association members for upcoming policy year: _____
8. Coverage desired Blanket (All Members Insured) Elective (Members Elect Coverage)

9.	Check All Categories of Membership Eligible for Insurance	Approximate Number of Insureds Expected for the Upcoming Policy Year
	<input type="checkbox"/> General Curriculum Teachers	
	<input type="checkbox"/> Physical Education Teachers (includes health, physical education, recreation and dance teachers)	
	<input type="checkbox"/> Special Education Teachers	
	<input type="checkbox"/> Vocational Teachers	
	<input type="checkbox"/> Licensed Health Care Professionals	
	<input type="checkbox"/> Student Teachers	
	<input type="checkbox"/> Administrators (includes principals, assistant principals, superintendents and all other administrative positions)	
	<input type="checkbox"/> Support Personnel*	
	<input type="checkbox"/> All Others (describe): _____	
	Total number of members to be insured	

* List specific duties of support personnel: _____

10. Do you have knowledge of any Coverage A/liability claim/third party lawsuit for damages brought against any proposed Insured not already reported?..... Yes No
 If "yes," provide details: _____

11. Are you aware of any circumstances which may result in a claim or suit not already reported? Yes No

Coverage A/Liability Circumstances

Coverage B/Attorney Reimbursement Circumstances

If Coverage A/Liability Circumstances, provide details: _____

POLICY TERM

This insurance is to be effective: From: _____ To: _____

AUTHORIZED ASSOCIATION REPRESENTATIVE

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

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 applicant becomes aware after signing the application. Completion of this form does not bind coverage. The undersigned's acceptance of the 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 insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK OTHER THAN AUTOMOBILE 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 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.

ASSOCIATION REPRESENTATIVE (PLEASE PRINT)

AUTHORIZED SIGNATURE OF ASSOCIATION REPRESENTATIVE

TITLE

DATE

AGENT INFORMATION

AGENCY: _____

AGENT'S SIGNATURE: _____

AGENT'S ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____