



Maryland  
State PTA

Common Anniversary  
date of 7/1

# Annual Insurance Application

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

We are pleased to present your unit, insurance coverage for the upcoming year. To secure coverage, we ask that you please provide any updates to contact information as well as **indicate any additional optional coverage(s) you want to secure by placing a check mark in the respective box. Please note that your premium must be paid and your signed documents received in order to secure coverage.**

## Select Coverage Options: Application & Premium Due July 1<sup>st</sup>

### **Required Maryland State PTA Packaged Coverage - \$226**

#### ☒ **Package**

\$2 Million General Liability, \$25,000 Fidelity Bond\*\*,  
\$1 Million Officers Liability

### **Optional General Liability Coverages Available**

#### Extended Medical Payments Endorsement\*

- ☐ \$25,000 - Included  
☐ \$50,000 - \$120

#### Media Liability Endorsement\*

- ☐ \$25,000 - \$70  
☐ \$50,000 - \$90  
☐ \$75,000 - \$120  
☐ \$100,000 - \$160

### **Optional Inland Marine Coverage (Property Owned By PTA)\*\***

- ☐ \$10,000 - \$115  
☐ \$25,000 - \$200  
☐ \$50,000 - \$375

**Total Cost: \$** \_\_\_\_\_

\*Coverage is an Endorsement to the General Liability policy

\*\*Higher limits are available upon request

## Reminder!

1. Complete All Pages
2. Review Additional Insured Information
3. Sign Application
4. Send Payment

**Make Checks Payable to: AIM**

**PO Box 674051**

**Dallas, TX 75267-4051**

**Phone: 800-876-4044**

**Fax: 214-360-0802**

**Email:**

**aim@aim-companies.com**

## Treasurer Contact:

\_\_\_\_\_  
Treasurer Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

### 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 AIM may contact me by email.

### Please list any Additional Insureds 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. If the Additional Insured is being requested for a district with ongoing events, you may list events as "ongoing".

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Name of Event \_\_\_\_\_

Date/Time(s) of Event(s) \_\_\_\_\_

Insurable interest of Additional Insured: (Circle or List) School/District Equipment Rental

Use of Premises Grantor of Permit Vendor Teacher/Instructor Other \_\_\_\_\_

- 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.
- I certify that there have been no losses, accidents or circumstances that might give rise to a claim, that have not already been reported for a coverage(s) for which I am applying.
- I agree to all terms of this application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**POLICYHOLDERDISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, 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 \$ <u>100.00</u> .
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant’s Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date



RE: Maryland PTA 7/1/2020 INSURANCE RENEWAL

In order to renew your coverage, we ask that you carefully review and return the following items:

**CHECKLIST**

**1. *Signed Application* (pg 1-2)**

Policy documents will be provided via email please confirm the application reflects a **valid email address.**

**2. *Signed Terrorism Disclosure Statement***

Please decline, or elect Terrorism coverage for an additional \$100 annually.

**3. *Premium Due \$226***

If you elect to add optional coverage as offered on page 1 of the application, please include this premium in addition to the \$226 required package premium.

Please note the enclosed application includes an **option to upgrade coverage**. You may refer to the enclosed Description of Coverages page to determine if your organization might have need for any optional coverage OR contact AIM for more details at 214-360-0801.

**The above 3 items are REQUIRED to complete the renewal process and issue your Certificate of Insurance.**

**Please return all of these items to:**

**AIM**

**PO Box 674051**

**Dallas, TX 75267-4051**

# Description of Coverages

## Event Insurance

Event Insurance (General Liability) protects you from lawsuits if someone was injured at one of your organization's activities and held you responsible. The liability limit for a lawsuit is \$1,000,000 or \$2,000,000, with no deductible. Some activities covered include skating parties, fall carnivals, bounce houses, dunking booths, fun runs, auctions and more. Injuries resulting from transportation are not covered.

General Liability coverage also has a separate component that gives insureds access to a minimum of \$5,000 in **medical payments even if no lawsuit has been filed** for injuries sustained at one of your organization's activities. A **Medical Payments** limit of \$5,000 is included in every General Liability Policy. Options for increased Medical Payments limit are \$10,000, \$25,000, and \$50,000, with no deductible.

**Media Liability**– We also offer Social Media Liability Coverage as a supplement to your General Liability policy. This coverage is designed to protect you from liability in the event you accidentally misuse or disclose information on your website or other social media site. This includes misuse of the logo, copyright, pictures, confidential information and other misrepresentations or misappropriations.

## Embezzlement Insurance

Embezzlement Insurance (Bond) protects your money. It covers anyone your organization trusts with money whether it's a President, Treasurer, board member, volunteer, or courier. If that person embezzles (runs off) with your money, this coverage would replace those missing funds. The bond limits are \$10,000, \$25,000, and \$50,000, with a \$250 deductible. (Higher limits are available, Contact AIM for pricing)

## Directors & Officers Liability

Directors & Officers (Professional) Liability coverage protects organizations from lawsuits for "wrongful acts". If someone sued the officers of your organization for mismanagement, misrepresentations, dissemination of false or misleading information, or inappropriate actions this coverage would pay to defend them against those actions. The coverage limit is \$1,000,000, with a \$1,500 deductible.

## Property Insurance

Business Personal Property (Inland Marine) Insurance protects your raffle merchandise, auction items and fundraising supplies while they are in your possession. This coverage also protects any personal property of your organization such as popcorn machines, snow cone makers, school store supplies, emergency relief supplies, and more. The Inland Marine coverage limits are \$10,000, \$25,000, and \$50,000, with a \$250 deductible. (Higher limits are available, Contact AIM for pricing)

## Quick Reference Guides

AIM's Quick Reference Guides provide the resources you need to help eliminate risk and run a safe organization. We care about the success and safety of your organization. Refer to the resources section on our website for the following:

- Top 10 Ways to Help Protect Your Organization from Embezzlement
- Best Ways to Help Reduce Your Liquor Liability
- Sample Forms and Waivers
- Covered and Excluded Events
- Reviewing Your Policies

Visit us at [aim-companies.com/quick-reference-guides](http://aim-companies.com/quick-reference-guides) to learn more.

Let us help you determine what coverage is right for your PTA!!



Get Started!



1-800-876-4044 | [aim-companies.com](http://aim-companies.com)



ASSOCIATION  
INSURANCE  
MANAGEMENT INC

All policies run annually and are subject to underwriting approval. This is only a summary of policy coverage and in no way takes precedent over actual policy language. Your insurance policy, and not the information contained in this document, forms the contract between you and your insurance company. If there is a discrepancy or conflict between the information contained herein and your policy, your policy takes precedence.