

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:

General Liability Coverage

\$1 Million

Miami-Dade County Council PTA bills your unit directly for the cost of this insurance coverage. This is included in your dues.

Extended Medical Payments Endorsement

\$10,000 - \$98

\$25,000 - \$106

\$50,000 - \$113

Media Liability Endorsement

\$25,000 - \$70

\$50,000 - \$90

\$75,000 - \$120

\$100,000 - \$160

Officers Liability (Non-Profit Professional Liability)

\$1 Million - \$50

Inland Marine Coverage (Business Personal Property)*

\$10,000 - \$100

\$25,000 - \$233

\$50,000 - \$465

Bond Coverage (Commercial Crime & Fidelity)*

\$10,000 - \$64

\$25,000 - \$85

\$50,000 - \$115

Total Cost: \$ _____

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: AIM
 PO Box 674051
 Dallas, TX 75267-4051
 Phone: 800-876-4044
 Fax: 214-360-0802
 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)
- 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 ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

Policyholder/Applicant's Signature	Account Name	
Print Name	Date	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

MIAMI-DADE COUNTY COUNCIL PTA/PTSA

U.S. Mail: P.O. Box 10309 • Miami, Florida 33101

Phone: (305) 995-1102 • Fax: (305) 995-1105

2017-2018 Council Dues & **Mandatory Liability Coverage**

Miami-Dade County Council PTA/PTSA 2016-2017 local unit dues, in the amount of \$150.00 are due no later than September 30, 2017. Your County Council dues include the **mandatory** liability insurance that **Miami-Dade County Public Schools** **requires** each local unit to carry. Dues received after October 1, 2017 incur an additional \$25.00 reinstatement fee, which brings the total amount due to **\$175.00**. Unit liability insurance certificates are issued by AIM upon receipt of payment.

County Council dues must be paid prior to any PTA events taking place. Local Units with returned checks will be charged a \$35.00 administrative fee. Be sure to send the correct amount - refunds will NOT be paid when the incorrect amount/duplicate payment is sent.

The attached three-page form (Signed Insurance Application and Signed Terrorism Disclosure Statement) must be completed and mailed to AIM, directly, along with this form and payment.

PTA/PTSA: _____ Check#: _____

Make check payable to: **AIM**
P.O. Box 674051
Dallas, Texas 75267-4051
Phone: (800) 876-4044
Fax: (214) 360-0802
Email: aim@aim-companies.com

President's Information: Name: _____ E-Mail: _____ Address: _____ City: _____ Zip Code: _____ Phone: _____
1st Vice President's Information: Name: _____ E-Mail: _____ Address: _____ City: _____ Zip Code: _____ Phone: _____
Secretary's Information: Name: _____ E-Mail: _____ Address: _____ City: _____ Zip Code: _____ Phone: _____
Treasurer's Information: Name: _____ E-Mail: _____ Address: _____ City: _____ Zip Code: _____ Phone: _____
Other Board Member's Information: Name: _____ E-Mail: _____ Address: _____ City: _____ Zip Code: _____ Phone: _____



RE: INSURANCE RENEWAL

In order to renew your coverage, we ask that you carefully review and return the following items as without **ALL** of these documents, we will be unable to process your renewal in a timely manner:

CHECKLIST

- Signed*** Annual Insurance Renewal
Policy documents will be provided via email please confirm you have provided a **valid email address**.

- Signed*** Terrorism Disclosure Statement

- Premium Remittance

The above three items are **REQUIRED** to issue coverage.

Please return all of these items to:

AIM
PO Box 674051
Dallas, TX 75267-4051