



Application for Coverage

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:

Volusia County Requires – Any Limit General Liability
General Liability

- ☐ \$1 Million - \$ 150
☐ \$2 Million - \$ 215

Volusia County Requires – Any Limit Fidelity Bond (Crime)

Fidelity Bond (Crime)*

- ☐ \$10,000 - \$ 100
☐ \$25,000 - \$ 115
☐ \$50,000 - \$ 140

Additional Coverage Options: (Not Required by Volusia County)

Extended Medical Payments Endorsement

- ☐ \$10,000 - \$ 95
☐ \$25,000 - \$ 105
☐ \$50,000 - \$ 120

Media Liability Endorsement

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

Professional Liability (Director & Officers Liability)

- ☐ \$1 Million - \$ 65

Inland Marine (Business Personal Property)*

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

Total Cost: \$ _____

Have you had insurance declined, cancelled or non-renewed in the last five years?

No ☐ Yes ☐

(If yes, please attach explanation)

Have you had any insurance claims in the last five years?

No ☐ Yes ☐

(If yes, please attach explanation)

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

Reminder!

1. Complete All Pages
2. Sign Application
3. Send Payment

*Higher limits are available upon request.

Policies cancelled before the effective date, are subject to a \$35 cancellation fee. Short term policies are subject to a minimum premium equivalent to 50% of the annual premium or \$50, whichever is greater, not to exceed the total annual premium. All premium and fees paid are fully earned at inception.

Requirements of Bond Coverage (Make sure all officers are aware of requirements):

1. The Organization must conduct an annual review of the books by a Review Committee or qualified accountant.
2. The monthly bank statement must be initialed and reviewed by someone who does not have authorization to sign checks.

COVERAGE IS VOID IF THESE REQUIREMENTS ARE NOT FOLLOWED.

Acknowledgements:

- ☐ 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 acknowledge that AIM may contact me or my organization by email.
- ☐ I agree to the terms and conditions of the policy as set forth in this application

Please list any Additional Insured's to be added: Applicable to the 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 _____

Name and Description of Event(s) _____

Date/Time(s) of Event(s) _____

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

Grantor of Permit 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.

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.