



Association Insurance Management

Insure Your PTA

And Ensure the Success of Your PTA Program!

General Liability Insurance: Has a child cut open an eyebrow in a bounce house at your fall festival or broken an arm at your roller skating party? What would you do if your PTA was sued because of an injury that happened at one of your PTA events? The General Liability policy protects local PTA members and volunteers against lawsuits arising from these types of activities. The policy limits are \$1,000,000 or \$2,000,000 with no deductible.

Accident Medical Insurance: The Accident Medical policy is designed to compliment your General Liability policy. This policy provides medical expense coverage for activities that are excluded from the General Liability policy such as automobiles, mechanical rides, watercraft, and fireworks coverage and provides additional medical payment coverage to help deter lawsuits. **This is not a replacement of your liability policy!** The Accident Medical limits are \$10,000, \$25,000, and \$50,000 with no deductible.

Bond Insurance: What do you do when you discover \$20,000 of your fund raising money has been embezzled or stolen? The Bond Insurance will replace your missing funds and avoid having you turned over to a collection agency. The bond limits are \$10,000, \$25,000, and \$50,000 with a \$250 deductible.

IDENTITYextra Plan: Occurring every 79 seconds, identity theft is the fastest growing crime in the nation, and your PTA is not immune. The **IDENTITYextra Plan** provides a proactive solution in case this happens to your organization. Keep your Federal ID Number, your data, your bank accounts, and your integrity secure with the **IDENTITYextra Plan**.

Property Insurance: Raffle merchandise, auction items, fund raising merchandise, school store supplies, and other PTA property would be financially difficult to replace if they were damaged or stolen. The Property Insurance will replace PTA property damaged or lost due to theft or natural hazard. The policy limit is \$10,000 with a \$250 deductible.

Officers Liability Insurance: As an officer, you could be strapped with huge legal bills because someone has accused you of misrepresenting or mismanaging the PTA. The Officers Liability will provide protection from situations like these. The policy limit is \$1,000,000 with a \$1,500 deductible.

AIM offers a complete protection plan designed specifically for local PTAs. All policies run annually from the day AIM receives the completed application and premium.

A Membership Benefit Provided by:

Association Insurance Management, Inc.
PO Box 674051 • Dallas, TX 75267-4051
For complete details call: 1-800-876-4044

You may also apply for coverage with an electronic check or credit card at:

www.aim-companies.com





Application for PTA Insurance

Please check the coverage desired and complete the bottom of the application

- General Liability Coverage:** Please check "per occurrence" limit desired
 - \$1 million - Cost: \$135 \$2 million - Cost: \$205
- Non-Profit Professional Liability (Officers Liability):** \$1,000,000 per occurrence - Cost: \$55
- Property (Business Personal Property) Coverage:** \$10,000 coverage - Cost: \$105
- IDENTITYxtra Plan:** Cost: \$125
- Medical (Accident Medical) Coverage:** Please check limit desired
 - \$10,000 - Cost: \$95 \$25,000 - Cost: \$105 \$50,000 - Cost: \$120
- Commercial Crime & Fidelity (Bond) Coverage:** Please check limit desired
 - \$10,000 - Cost: \$90 \$25,000 - Cost: \$105 \$50,000 - Cost: \$131

Requirements of Fidelity Bond Coverage:

Coverage is voided if these requirements are not followed.

1. The PTA must conduct an annual audit of the books by an Audit Committee or qualified accountant.
2. The monthly bank statement must be reviewed by someone who does not have authorization to sign checks.

Total Cost: _____

Application must be completed in full to process your Certificate of Insurance.

PTA Name _____ County _____

Mailing Address _____

City/State/Zip _____

Council _____ School District _____

Contact Phone (_____) _____ Date _____

Contact Email _____

Any Officer's Name _____

Signature *****REQUIRED***** _____

(By signing above, all terms of this application are agreed upon)

If full payment is not received, coverage will be issued in the order listed above

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

www.aim-companies.com