



# Application For 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: \$70       \$2 million - Cost: \$110
- 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 “per occurrence” limit desired
  - \$10,000 - Cost: \$95       \$25,000 - Cost: \$105       \$50,000 - Cost: \$120
- Commercial Crime & Fidelity (Bond) Coverage:** Please check “per occurrence” limit desired
  - \$10,000 - Cost: \$80       \$25,000 - Cost: \$90       \$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 review of the books by an 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.

**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**