



School Support Purchasing Group Insurance Application

(administered by Bene-Marc, Inc.)

provided by **PTOTODAY**

& endorsed by



Packages *(Check all that apply.)*

Gold Membership -- \$799

Includes Group Membership to The National Association of Music Parents (AMP) as well as Excess Accident Medical, General Liability, Crime, and D&O insurance.

Gold Membership Upgrade -- AMP Member Price \$590

This is for existing Group Members of The National Association of Music Parents (AMP) who want to add insurance. Includes Excess Accident Medical, General Liability, D&O, and Crime insurance.

Optional Property Insurance -- +\$135

This **optional** add-on can only be purchased in addition to Excess Accident Medical, General Liability, D&O, and Crime Insurance.

General Information

Booster/Parent Group Name:

Contact Name:

Contact's Email:

Contact's Phone #: ()

School Name:

School Address:

City:

State:

Zip Code:

School Phone #: ()

School Fax #: ()

Booster Organization Address (if different from school):

City:

State:

Zip Code:

Of Students in Program Supported by Booster Organization:

Of Parents Active in Booster Organization (in any volunteer capacity):

Website Address:

Requested effective date of coverage (the date your current policy is expiring if you are renewing: (mm/dd/yy))

Additional Insured (optional):

Payment Information

Payment Method: Credit Card Check Enclosed

Credit Card #:

Exp Date:

Name on Credit Card:

Coverage Information

1. D&O -- \$1,000,000 limit per claim and a \$10,000,000 annual aggregate limit.

Booster Group's Total Assets:

Booster Group's Annual Revenue

Number of fairly regular volunteers in your group:

If the Applicant or any person proposed for coverage herein has been the subject of, or involved in, the following in the past five (5) years:

- Any disciplinary action by any regulatory agency or association.
- Any administrative proceeding charging violation of a federal or state law or regulation.
- Any other criminal actions.

It is agreed that with respect to the above, if such circumstances exist, any claim arising from such circumstances are excluded from the proposed insurance. Yes No

The applicant agrees that they have never given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance? Yes No

The applicant agrees that no person applying for this coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied: Yes No

2. Excess Accident Medical Insurance -- \$25,000 annual limit

Number of parents with children:

Our group has not filed an Excess Accident Medical claim in the last five (5) years: Yes No

3. General Liability -- \$1,000,000 per occurrence limit / \$2,000,000 annual aggregate limit (Must be purchased with Excess Accident Medical) PLEASE FILL OUT THIS SECTION

General Liability coverage is included for the following events:

5K Walk/Run	Cake Walks	Fashion Shows	Movie Night (inside)
After School Programs	Camping	Fishing (from land)	Movie Night (outside)
All Night Lock-Ins	Candy or Wrapping Paper Sales	Food Sales	Open Houses
Animal Rides	Carnivals (except mechanical rides)	Fortune Telling	Parades (no vehicles)
Apple Bobbing	Childcare (at a PTO event)	Fun Runs	Parent Education Workshop
Arts & Crafts Activities	Colored Sand Painting	Golf Tournaments	Pee Wee Golf (miniature)
Auctions	Community Forums	Grad Nights	Performing Arts
Babysitting at PTO Meetings	Concession Stands	Horse led Hayrides (no vehicles)	Petting Zoos
Bake or Food Sales	Confetti Eggs	Hobby Shows	Picnics
Balloon Artists	Cookout (grilling equipment used)	Ice Cream Socials	Pizza Night
Band Concerts	Costume Parties	Jail Auction	Ring Toss
Baseball Toss	Cow Bingo	Karaoke	Science Fairs
Beautification Projects	Easter Egg Hunt	Laser Tag	Spelling Bees
Bike Rodeos	Egg Toss	Line Dancing	Talent Shows
Book Fairs	Enrichment Programs	Litter Cleanup	Trivia Night
Bowling	Face Painting	Magic Shows	Walk-a-Thon
Broom Hockey	Family Portraits	Math Fairs	Water Balloon Toss

For specific questions about coverage and policy details, please call PTO Today Leader Support at 1-800-557-2670 or email leadersupport@ptotoday.com.

For the following activities to be covered by your insurance, they must have supervision and be held at a facility that has appropriate insurance or with a vendor who has appropriate insurance and names your group as an additional insured.

Alcohol (when served at functions)
Rock Climbing Walls

Bounce Houses / Moon Walks
Skating (roller and ice)

Dunking Booth
Inflatable Slides

General Liability is **excluded** for the following events:

Automobiles

Hot Air Balloons

Paintball

Vehicular Transportation of Any Type

Aircraft

Lead Exposure

Pyrotechnic Displays or Devices

Velcro Jumps

Asbestos Exposure

Luge/Tobogganing

Rocketry

Watercraft

Boy / Girl Scout Sponsorship

Mechanical/Motorized Rides at Carnival

Rodeo

Workers Compensation Claims

Bungee Jumping

Motorsports / Race Track Risks

Saddle Animals

Fireworks

Nuclear Exposure

Skateboarding

Hang gliding / Parasailing / Parachuting

Organized Athletic Events

Trampolines over 46" in diameter

4. Crime -- \$25,000 annual limit

(Must be purchased with Excess Accident Medical and General Liability)

The organization must conduct an annual audit of the books by an audit committee or qualified accountant and the monthly bank statement must be opened/reviewed by someone who does not have authorization to sign checks.

I agree to these terms

5. Property -- \$10,000 annual limit | *Optional -- extra cost associated*

(Must be purchased with Excess Accident Medical, General Liability, and D&O)

IF YOU ARE PURCHASING THE PLATINUM PACKAGE, PLEASE FILL OUT THIS SECTION.

Description of property:

Where is property stored (school, other)?

Is property stored in a secure location? Yes No

Premium/Loss Information

Has your Booster Organization filed an insurance claim in the past 5 years? Yes No
 If yes, please complete loss information below.

TERM	INCURRED LOSSES	NUMBER OF LOSSES

Please read the following statement carefully and sign below where indicated. If a policy is issued, this signed statement will be attached to the policy.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

The undersigned authorized officer of the Applicant acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signature:

Date:

(APPLICANT)

Title:

Group Name:

(MUST BE SIGNED BY AUTHORIZED OFFICER)

Instructions to Purchase

1. Make a check Payable to National Association of Music Parents.
2. Send payment to AMP, 11650 N. Lantern Road, Suite B, Fishers, IN 46038.
3. Questions on payment? Call 888-740-9305
4. If you have any questions on Policy coverages, additionally insured, or any specific insurance related question, please contact PTO Today Leader Support at 1-800-557-2670.

Other Notes

1. Coverage is not in force until the application has been accepted and payment has been received. Bene-Marc, Inc. reserves the right to accept or reject any application for insurance.
2. Insurance plan is administered by Bene-Marc, Inc.
3. All insurance related questions not answered online should be directed to leadsupport@ptotoday.com.

FRAUD WARNINGS

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.