



AAE In-Dues Professional Liability Insurance Upgrade Application

Endorsed by The Trust for Insuring Educators
Administered by Forrest T. Jones & Company

4S
045-9121
045-9131
045-9141
045-9191

The **Association of American Educators** now provides **\$2 Million** per occurrence per member of Educators Professional Liability insurance to its active employed members. You may add coverage for part-time educational activities (consultant, tutor, teacher) if your primary employment is with an educational organization. The part-time work must be of a nature similar to your regular responsibilities, and you must receive pay for this work. To add coverage, simply complete this application and submit it with the appropriate annual premium payment.

Select Your Upgrade and Annual Premium:

I want to add Part-time coverage

Upgrade	Annual Premium	(This amount may include a state surplus lines tax.)
<input type="checkbox"/> Add Part-time coverage to my current \$2,000,000 liability limits	\$60	Covers your duties as an employed educator plus part-time educational activities outside of your W-2 employment as an educator

For Pennsylvania applicants only: There is a state-mandated \$20 fee in addition to the premium.

Describe your primary duties in detail: _____

Describe your part-time duties in detail: _____

Additional coverage for part-time educational activities will become effective the first day of the month after application approval and receipt of the annual premium.

Personal Information:

Name _____ Date of Birth ____/____/____
First Middle Last

Street Address (Required) _____
(Please include Apt / Room #) City State ZIP

Mailing Address (Optional) _____
(Please include Apt / Room #) City State ZIP

Association Affiliation _____ Occupation _____ Gender M F

Cell Phone _____ E-mail Address _____

I declare I have read and understand the above-stated offering for insurance. I represent that I am not aware of any claims or incidents that could result in a claim being made against me.

Signature **X** _____ Date _____

Premium Payment Options:

Check Enclosed
I have enclosed my check payable to:
Richard F. Jones, Jr., Agent/Broker

Mail this application and your check to:
Richard F. Jones, Jr., Agent/Broker
c/o Forrest T. Jones & Company
3130 Broadway • P O Box 418131
Kansas City, MO 64141-8131
(800) 821-7303 www.ftj.com

Credit Card I authorize you to charge the insurance premium, to the following credit card:

MasterCard **Visa**

Card Number _____ Exp. Date (Mo/Year) _____

Name on Card _____

Credit Card Billing Address (if different than address above):

Address _____
Street (Include Apt / Room #) City State ZIP

Auto Renewal: YES. Make renewals EASY! Avoid gaps in your coverage.

By checking this box, you agree that your policy will automatically renew and the annual premium will be charged to your credit / debit card. You can opt out of auto renewal at any time by contacting our customer service department at 1-800-821-7303.

Signature **X** _____