



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

“Special Risk” Business Equipment Insurance Plan for Members

It was worth buying ... It's worth insuring!

Important protection designed just for ASHA members ...

The “Special Risk” Business Equipment Insurance Plan is a complete insurance program that covers loss or damage to equipment by theft, accident, vandalism, fire, flood, tornado and other natural calamities.

All the usual audiological and speech therapy equipment you use is covered. You're even covered for the replacement cost of computers and software – including temporary rental fees and reprogramming costs. This Plan also provides coverage for your traditional office equipment such as typewriters, dictating machines and other electronic and video equipment.

With this Plan, your equipment is covered everywhere ... at your office or facility, a client's home, in transit, at a school, your home or in your car-24 hours a day.

The cost of this Plan may be tax-deductible as a normal business expense. And ... there's no deductible! The Business Equipment Program for ASHA members is the most comprehensive and economical policy you can buy.

Special Features ...

- \$10,000 extra coverage to pay for the additional expenses when computer equipment is damaged or lost, if specifically scheduled.
- Claims are based on actual replacement cost up to the scheduled limit.
- Coverage for theft.
- Coverage for equipment when it is off the premises or in transit.
- The cost of this Plan may be tax-deductible as a normal business expense.

Important Questions and Answers

Q. Do I have to insure all my equipment?

A. No. You insure only what you want to insure. That's an important advantage because if you work for a firm, the firm may already have coverage for equipment that is permanently kept on premises. Once that equipment is moved off premises however, it may no longer be covered. Since this Plan covers your owned equipment no matter where it's located, you can purchase it to protect only the equipment you normally take off-premises.

Q. Could I need this insurance if I already have coverage under my homeowner's policy?

A. Yes. The standard homeowner's policy does not cover equipment used strictly for business purposes. While your computer equipment may be covered if it's also used for personal matters, your other business equipment such as an audiometer, portable voice, therapy and education equipment, or dictating machine is not covered. And if your computer equipment leaves your home, it may no longer be protected!

Q. Any other coverage I should know about?

A. Yes. This Plan provides an automatic \$10,000 of extra expense coverage to cover the extra expenses you may incur when your computer equipment is damaged or lost. This includes the cost for replacement software, reprogramming and rental of temporary equipment while yours is being replaced or repaired ... extra coverage at no extra cost!

Q. What's the minimum premium required under this Plan?

A. Unlike many other equipment policies that require you to pay minimum premiums in the hundreds of dollars, the Business Equipment Program for ASHA members has only a \$ 50 minimum annual premium. Whether you're just starting to acquire your business equipment, or you only wish to cover some of your business equipment, you can do so without paying extra for coverage you don't need.

Q. What will happen if I buy new equipment?

A. If your newly acquired equipment is less than 25% of your policy limit, you receive automatic coverage for up to 45 days when you purchase or take custody of the additional equipment. You have 45 days to notify the Insurance Administrator and you will then be billed for the additional insurance.

Should your newly acquired equipment exceed 25% of your policy limit – notify the Insurance Administrator immediately. You will be billed for the additional coverage.

Q. What kind of reimbursement can I expect?

A. This Plan pays you the actual cost of repair or replacement up to the limit scheduled on your policy. No matter how old your equipment is, no depreciation factor is taken into account provided you maintain up-to-date replacement values on your schedule of items. Claims are settled on a "new for old" basis!

Disclaimer

This product description is for informational purposes only and does not provide a complete description of coverage terms, conditions, exclusions and limits. This coverage is underwritten by New Hampshire Insurance Company, a member company of American International Group.

It's Easy to Apply ...

1. Complete, date and sign the brief Application enclosed. Be sure to list all the equipment you want insured and its current replacement cost. (Make a photocopy of the application and refer to it at renewal time.)
2. Calculate your premium following the easy steps outlined on this page.
3. Follow the instructions on the application for Payment Option 1 to upload your completed application and enter your credit card information on our secure website.
4. Mail your completed application and check made payable to:
Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. BOX 14575
Des Moines, IA 50306-3575

Program Administrator:



Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. BOX 14575
Des Moines, IA 50306-3575

Phone: 800-503-9230

Email: plsdsteam.service@mercer.com

A Membership Service of ASHA.

This brochure is not a contract of insurance but is a brief summary of the principal provisions of insurance contained in the policy. All costs for this program are paid by the administrator and insurance company.

ASHA MEMBERS BUSINESSEQUIPMENTINSURANCEPLAN APPLICATION

HOW TO APPLY:

1. Complete, date and sign this application. List all the equipment you want insured and its current replacement cost. **Please Type or Print.**
2. Calculate your premium following the easy steps below. There is no limit to the amount of insurance you can apply for. However, your application will be individually analyzed. Acceptance may be subject to additional underwriting information.
3. Follow the instructions on the application for Payment Option 1 to upload your completed application and enter your credit card information on our secure website.
4. Mail your completed application and check made payable to:
 Mercer Consumer, a service of
 Mercer Health & Benefits Administration LLC
 P.O. BOX 14575
 Des Moines, IA 50306-3575

Customer Service: 1-800-503-9230

1. Name of person and/or entity to be insured _____
 2. Mailing Address _____
 City _____ State _____ County _____ ZIP _____
 3. Website _____
 4. Business Phone _____ Home Phone _____
 5. E-mail Address (optional) _____ Fax # _____
 6. **Please indicate which applies to you (applicant):**
 Individual Partnership Corporation LLP (Limited Liability Partnership) LLC (Limited Liability Corporation)
 If corporation, LLP or LLC applies, please indicate your FEIN: _____
 7. Location of equipment: Residence Office Other _____
 8. Is this location equipped with a UL approved Central Burglar Alarm System? YES NO
 (If yes, please forward a copy of the current UL Certificate.)
 9. If your equipment is financed, give name and address of lending institution: _____
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10. Where is this equipment stored when it is not in use? _____
 11. Where is this equipment stored when it is off premises? _____
 12. What is the total maximum dollar value of equipment taken off your premises at any one time? \$ _____
 13. What is the total dollar value of equipment in custody or control of independent contractors? \$ _____
 14. List any losses to your equipment during the past 3 years including dollar amount
 Check here if none _____
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15. Has any company refused, cancelled or non-renewed your insurance due to losses sustained?: _____
 (Missouri applicants need not reply) YES NO
 Name of insurance company _____
 16. Is your equipment currently insured? YES NO NO PRIOR COVERAGE
 (If yes, please complete the table below for the past 3 years.)

Effective Date	Expiration Date	Insurance Company	Annual Premium

17. Do you have any other insurance on your business? YES NO N/A
 (If yes, please complete the table below.)

Effective Date	Expiration Date	Insurance Company	Policy Number

BE SURE TO COMPLETE ALL QUESTIONS AND SIGN LAST PAGE

ASHA MEMBERS BUSINESSEQUIPMENTINSURANCEPLAN APPLICATION

18. Use the following listing to describe all equipment you wish to insure. (If more space is needed, attach an additional sheet with your name on it. Items valued under \$50 each may be combined in B below).

EQUIPMENT SCHEDULE

<u>Description</u> (Include manufacturer's name and model number)	<u>Identification/Serial Number</u> <u>Per Item</u>	<u>Replacement Cost</u> <u>Per Item</u>
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How to Calculate Your Premium

Rate: \$2.00 Per \$100 of Replacement Value (minimum premium \$50.00)

Example: Value of equipment to be insured is \$10,000.

(\$10,000/100) x \$2.00 = \$200.00

TRIA (Terrorism) Premium (1%) (Multiply by 1.01) \$202.00

State Surcharge (New Jersey – 0.06%) (Multiply by 1.006) \$203.21

Annual Policy Premium Total (KY residents call for tax rates) NJ = \$203.21 | Countrywide = \$202.00

11. To calculate your premium, complete the following (Example Above - How to Calculate Your Premium):

A. Total replacement value of equipment \$ _____

B. Annual Base Premium (NOTE: See above - minimum premium is \$50) \$ _____

C. TRIA (Terrorism) Premium (1%) (Multiply B x 1.01) \$ _____

D. State Surcharge (NJ & KY only, otherwise skip D) \$ _____

- New Jersey residents (NJPLIGA is 0.06%) (Multiply E by 1.006)
- Kentucky residents, please call for tax rates

POLICY PREMIUM TOTAL - AMOUNT ENCLOSED \$ _____

PAYMENT OPTIONS

Option 1: Upload form to pay with debit/credit card at MercerSecure.com

If you choose to pay by credit card, please visit www.mercersecureservice.com/6070 to enter your credit card information and upload this form.*

**Submission of your credit card information to mercer does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer. Payment will be processed upon review and acceptance of your submission.*

Total Amount Authorized: \$ _____

Option 2: Mail form with check payment

Enclosed is my check for \$ _____ Effective Date Desired* _____

*May not be earlier than the date the administrator receives and approves this application.

Make check payable to Mercer Consumer. Return your check and the application in the envelope provided.

Mailing Address:

Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. BOX 14575
Des Moines, IA 50306-3575

ASHA MEMBERS BUSINESS EQUIPMENT INSURANCE PLAN APPLICATION

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

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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.

ASHA MEMBERS BUSINESSEQUIPMENTINSURANCEPLAN APPLICATION

Fraud Warnings (cont.)

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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, VIRGINIA AND WASHINGTON 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

In this transaction, Mercer Consumer, a service of Mercer Health & Benefits Administration LLC is acting as the exclusive insurance agent and program manager for New Hampshire Insurance Company for this type of coverage, and not as your insurance broker. Alternative insurance products may be available in the insurance market place Mercer is only offering this selected insurer quote proposal.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers or fees agreed to with our clients. We may also receive additional monetary and non-monetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by logging on to www.personal-plans.com/disclosure and entering the code o4795331 or you may call 1-888-206-5088.

ASHA MEMBERS BUSINESS EQUIPMENT INSURANCE PLAN APPLICATION

By my Signature hereon, I certify that:

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE AND THAT NO INSURED, OR ANY OTHER INDIVIDUAL WHO IS RESPONSIBLE FOR PROVIDING NOTICE UNDER THE POLICY, HAS GIVEN NOTICE OF ANY CLAIM OR PROVIDED SPECIFIC FACTS OR CIRCUMSTANCES WHICH MIGHT GIVE RISE TO A CLAIM BEING MADE AGAINST THE INSURED UNDER ANY POLICY FOR WHICH THIS POLICY IS A REPLACEMENT OR ANY PRIOR POLICY PROVIDING SIMILAR INSURANCE. THE UNDERSIGNED 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 IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. FURTHER, AS PART OF THE UNDERWRITING PROCESS, THE INSURER MAY MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION AS DEEMED NECESSARY.

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 insurance act which is a crime, and subjects such person to criminal and civil penalties.

For Utah Applicants only, the following applies:

The Application and all relevant documents will be attached to the policy at the time of delivery.

To accept the statement on this page and proceed with your application, the application must be signed and dated below.

Signature of Applicant: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Agent/Producer Name: Mark Brostowitz **License Number:** 369380

Program Administrator:

Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
In CA d/b/a Mercer Health & Benefits Insurance Services LLC

AR Insurance License #100102691
CA Insurance License #0G39709

Underwritten by:

New Hampshire Insurance Company
Granite State Insurance Company
Illinois National Insurance Co.
Member companies of American International Group, Inc.

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