

# AAUP PROFESSIONAL LIABILITY INSURANCE PLAN APPLICATION

## CLAIMS-MADE PROFESSIONAL LIABILITY

Underwritten By: Liberty Insurance Underwriters Inc.

### HOW TO APPLY:

1. Complete application below.
  2. Note the premium below for the policy you selected. All premiums are annual.
  3. Return your completed application, along with your annual premium, to the address provided.
- Coverage is effective the date your application is approved and payment is received. Please allow three to four weeks for delivery of your policy. **Please print or type all information.**

**NOTICE:** THIS POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS TERMS AND CONDITIONS, THIS POLICY ONLY COVERS CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER IN WRITING DURING THE POLICY PERIOD, OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE.

**CLAIMS EXPENSES REDUCE THE LIMIT OF LIABILITY. THIS COULD RESULT IN THE LIMIT OF LIABILITY BECOMING COMPLETELY EXHAUSTED BY THE PAYMENT OF CLAIMS EXPENSES, IN WHICH CASE, NO FURTHER COVERAGE IS PROVIDED BY THIS POLICY.**

### RESIDENTS OF NEW HAMPSHIRE

Complete the information requested below – please print or type:

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LAST NAME	FIRST NAME	INITIAL	DOB (Date of Birth)
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MAILING ADDRESS	CITY	STATE	ZIP
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BUSINESS PHONE	FAX #	HOME PHONE#	E-MAIL ADDRESS
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NAME OF THE EDUCATIONAL FACILITY FOR WHICH YOU WORK	YOUR PROFESSIONAL TITLE (I.E., TEACHER, LIBRARIAN)
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Choose your Limit of Liability and Annual Premium Amount Due: (please check one box)

- |  | Total Amount Due |
|--|------------------|
| <input type="checkbox"/> <b>PLAN I</b> – \$500,000 each claim/\$500,000 annual aggregate       | <b>\$ 75.00</b>  |
| <input type="checkbox"/> <b>PLAN II</b> – \$1,000,000 each claim/\$1,000,000 annual aggregate  | <b>\$ 125.00</b> |
| <input type="checkbox"/> <b>PLAN III</b> – \$1,000,000 each claim/\$3,000,000 annual aggregate | <b>\$ 140.00</b> |
| <input type="checkbox"/> <b>PLAN IV</b> – \$2,000,000 each claim/\$4,000,000 annual aggregate  | <b>\$ 170.00</b> |

**BE SURE TO COMPLETE ALL PAGES AND SIGN LAST PAGE**

**Please answer the following questions:**

**NOTE:** If you are not an employee of an Educational Institution, you will not be eligible for coverage. If the answer to any of the questions below is "yes", please provide a detailed explanation in the space provided. If more space is needed, please provide complete detail by attachment, including dates, if applicable.

- 1. During the past five years have any claims ever been made, or is any claim now pending, against you? ..... Yes No  
\_\_\_\_\_  
\_\_\_\_\_
  - 2. Are you aware of any circumstance which may result in a claim being made against you? ..... Yes No  
\_\_\_\_\_  
\_\_\_\_\_
  - 3. Are you an employee of an Educational Institution? Please describe your duties as an employee. .... Yes No  
\_\_\_\_\_  
\_\_\_\_\_
  - 4. Do you work as an independent contractor for an Educational Institution? Please describe your duties. .... Yes No  
\_\_\_\_\_  
\_\_\_\_\_
  - 5. Do you have a degree in teaching and are you certified to provide services as an educator?..... Yes No  
\_\_\_\_\_  
\_\_\_\_\_
  - 6. Please list any teaching degrees and/or teaching certifications below.  
\_\_\_\_\_  
\_\_\_\_\_
  - 7. Has your license to teach ever been suspended or revoked? ..... Yes No  
\_\_\_\_\_  
\_\_\_\_\_
  - 8. Have you ever been disciplined, suspended, or dismissed from employment for cause? ..... Yes No  
\_\_\_\_\_  
\_\_\_\_\_
  - 9. Have you ever had your Professional Liability insurance denied, cancelled, or non-renewed (other than due to loss of market)\*?  
Yes No \*Notice to Missouri Residents: This question does not apply
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I understand that I am not covered by this insurance while I am acting as any one of the following: Principal, Dean, Superintendent, other management staff, guidance counselor, nurse, psychologist, speech pathologist, physical therapist, dietician, occupational therapist or members of similar professions or administrative personnel. I understand that these professional occupations are excluded from the coverage.

**YOU MUST SIGN AND DATE THE APPLICATION**

**IN ALL STATES OTHER THAN THOSE LISTED BELOW:** 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 may be a crime and may subject the person to criminal and civil penalties.

**ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA:** 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.

**COLORADO:** 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 agencies.

**DISTRICT OF COLUMBIA: 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.



[ \_\_\_\_\_ ]  
**Producer's Signature**

[ \_\_\_\_\_ ]  
**Producer's License Number**

[ \_\_\_\_/\_\_\_\_/\_\_\_\_ ]  
**Date**

[ \_\_\_\_\_ ]  
**Producer's Name**

Coverage is underwritten by Liberty Insurance Underwriters, Inc., and offered through Mercer Consumer, a service of Mercer Health & Benefits Administration LLC

**PLEASE NOTE: Notice to Missouri Residents:** Registered Agent: Anthony A. Baldus, Mercer Consumer, a service of Mercer Health & Benefits Administration LLC

**Coverage begins upon approval of your application and receipt of your premium payment.**

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

*Make check payable to Mercer Consumer and return your check and this application in the envelope provided.*

*\*May not be earlier than the date the Program Administrator receives and approves this application.*

If you choose to pay by credit card, visit <https://mercersecure.mercer.com/emailweb/createToken?client=110> 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.

*\*Credit card payments are not accepted by email or fax.*

**PLEASE NOTE: This Application is for Claims-Made Coverage**

**Administrator:**

Anthony A. Baldus, Partner  
Licensed Agent  
Mercer Health & Benefits Administration LLC  
PO Box 14576  
Des Moines, IA 50306-3576  
1-800-765-9408

**Underwritten by:**

Liberty Insurance Underwriters, Inc.

In CA d/b/a Mercer Health & Benefits Insurance Services LLC  
CA Ins. Lic. #0G39709  
AR Ins. Lic. #303439

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## **Mercer Consumer Insurance Compensation & Disclosure**

In this transaction, Mercer Consumer, a service of Mercer Health & Benefits Administration LLC (Mercer Consumer) is acting as the insurance agent and program manager for Liberty Insurance Underwriters Inc. ("Insurer") for this type of coverage, and not as your insurance broker. Comparable insurance products may be available in the insurance market place. Mercer Consumer is only offering this selected carrier 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. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon such factors as growth, volume or retention of business. 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 referring to <http://www.personal-plans.com/disclosure> and enter in the security code o4915346 or call us at 1-888-206-5088 for specific details.