

**KENTUCKY PTA GROUP INSURANCE PROGRAM**

**2015 - 2016 ENROLLMENT APPLICATION**

PTA DISTRICT # \_\_\_\_\_ COUNTY \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PTA/PTSA: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

NAME OF PTA/PTSA PRESIDENT: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER (during day): \_\_\_\_\_

NAME OF SCHOOL STAFF TO CONTACT: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

SCHOOL TELEPHONE NUMBER: \_\_\_\_\_

LIST POSITIONS OF ALL ELECTED OFFICERS. DO NOT LIST NAMES OF OFFICERS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS POLICY IS ONLY AVAILABLE TO PTA/PTSAs IN GOOD STANDING WITH THE NATIONAL, KENTUCKY, DISTRICT AND COUNCIL PTA.**

SIGNATURE OF PTA/PTSA PRESIDENT: \_\_\_\_\_

SIGNATURE OF PTA/PTSA TREASURER: \_\_\_\_\_

**FOR INFORMATION CONTACT:** Linda Cook or Thomas Wobbe - (502) 244-1343

Make \$337 check payable to: The Underwriters Group

Mail application and check to: The Underwriters Group  
P.O. Box 23790  
Louisville, Kentucky 40223  
Attn.: Linda Cook

**FOR OFFICE USE ONLY:**

This is a PTA/PTSA in good standing.

PTA ENROLLMENT

**D&O WARRANTY**

No fact, circumstance or situation indicating the probability of a claim or action against which indemnification would be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is discussed in the proposal. It is agreed by all concerned that if there be knowledge of any such fact, circumstance, or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance for the purpose of this proposal warrants that to the best of his knowledge the statements herein are true, and it is agreed that this proposal shall be the basis of the contract and be deemed incorporated therein should the insurer evidence its acceptance of this proposal by issuance of a policy. This proposal will be attached to and will become part of such policy, if issued.

The Cincinnati Insurance Company is hereby authorized to make any investigation and inquiry in connection with this proposal as it deems necessary.

The undersigned authorizes the release of claim information from any prior insurer to The Cincinnati Insurance Company.

PLEASE REVIEW CAREFULLY. Except to such extent as may be otherwise in the policy, the policy for which this proposal is being made is limited for ONLY CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE.

Signed: \_\_\_\_\_  
(must be signed by the Chairman of the Board or President)

\_\_\_\_\_  
Please print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of the PTA/PTSA