



# Application For Insurance

Please check the coverage desired and complete the bottom of the application.

- General Liability Coverage & Commercial Crime & Fidelity (Bond) Coverage:** Cost: \$150
  - \$1 million per occurrence General Liability and \$25,000 Fidelity (Bond) Coverage
- Accident Medical (Medical Coverage):**
  - \$10,000 - Cost: \$95       \$25,000 - Cost: \$105       \$50,000 - Cost: \$120
- Property Coverage (Business Personal Property):**
  - \$10,000 coverage - Cost: \$105
- Officers Liability (Non-Profit Professional Liability):** \$1,000,000 per occurrence - Cost: \$55

Total Cost: \_\_\_\_\_

**Requirements of Bond (Commercial Crime & Fidelity) Coverage:**

**Coverage is voided if these requirements are not followed.**

1. The PTA must conduct an annual review of the books by a Review Committee or qualified account.
2. The monthly bank statement must be initialed and reviewed by someone who does not have authorization to sign checks.

- I acknowledge I can access my policy online** ([www.aim-companies.com](http://www.aim-companies.com))
- Have you had any claims in the last three years?**     No     Yes (If yes, please explain below:)

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PTA Name \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Council \_\_\_\_\_ School District \_\_\_\_\_

Contact Phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Contact Email \_\_\_\_\_

Any Officer's Name \_\_\_\_\_

Signature **\*\*\*REQUIRED\*\*\*** \_\_\_\_\_

(By signing above, all terms of this application are agreed upon)  
 If full payment is not received, coverage will be issued in the order listed above

*Make Checks Payable to: AIM*  
 PO Box 674051 • Dallas, TX 75267-4051  
 Phone: 800-876-4044 • Fax: 214-360-0802 • Email: [aim@aim-companies.com](mailto:aim@aim-companies.com)  
[www.aim-companies.com](http://www.aim-companies.com)