

Student Teacher Professional Liability Enrollment Form

Endorsed by TIE, the Trust for Insuring Educators
Administered by Forrest T. Jones & Company, Inc.

Name _____ Social Security No. _____
Address _____ Telephone _____
City, State, ZIP _____ Date of Birth _____ Sex _____
E-mail Address _____ Association _____
Signature _____ Date _____

✓ Annual Premium is \$12 for \$1,000,000 in coverage; this amount includes state surplus lines tax, where applicable.

Coverage extends a full 12 months!

✓ Complete form online, print and sign. Then, mail the enrollment form and check or credit card information to the address listed below. Coverage begins the first of the month after receipt of completed enrollment form and payment or credit card information.

Payment Options:

☐ A. Direct Payment

I have enclosed my check for \$12 made payable to:

Douglas G. Kocher, Agent/Broker
Forrest T. Jones & Company, Inc.,
P.O. Box 418131, 3130 Broadway,
Kansas City, MO 64141-9131

☐ B. Credit Card Billing

I authorize you to charge my insurance premium, as provided to me by the insurer, to the following charge card:

☐ MasterCard

☐ Visa

Credit Card Number _____

Expiration Date _____

Signature _____