



A member of Meadowbrook® Insurance Group

**INSURER:**

**Savers Property & Casualty  
Insurance Co.** ( A stock company )  
11880 College Blvd. - Suite 500  
Overland Park, KS 66210

**( 800 ) 351 -1411**

In consideration of the payment of premium when due, it is agreed and understood that, solely with respect to the Insured(s) set forth in Item #1 of this Declarations, the EDUCATORS PROFESSIONAL LIABILITY POLICY on Form 4382 PL applies as specified. It is further agreed and understood the coverage is applicable to Members shown in the Master Membership List of Insured Members maintained by the Association.

## TIE IN-DUES BASIC MEMBER DECLARATIONS PAGE

### EDUCATORS PROFESSIONAL LIABILITY POLICY

Policy Number: GL0000011

Renewal of: GL0000011

#### ITEM 1. NAMED INSURED

Each **Member** shown in the Master Membership List of **Insured Members** maintained by the **Association**.

#### ITEM 2. POLICY PERIOD

The policy period indicated in the Master Membership List of **Insured Members** that is associated with each individual **Insured Member**.

#### ITEM 3. ASSOCIATION: ASCA

A voting member of the Trust for Insuring Educators and participant in the Trust's Educators Professional Liability Programs.

**Producer's Name & Address:** David J. Smith, Agent / Broker  
c/o **FORREST T. JONES & COMPANY, INC.**  
P.O. Box 418131  
Kansas City, MO 64141-9131  
Phone: (800) 821-7303

#### ITEM 4. LIMITS OF LIABILITY

##### A. Educators Professional Liability Acts or Omissions Limit of Liability:

\$ 1,000,000 per **Insured** for each **Educators Professional Liability Act or Omission**

\$ 1,000,000 Aggregate per **Insured** for all **Educators Professional Liability Acts or Omissions**

**B. Educators Employment Liability Acts or Omissions** Limit of Liability:

\$ **1,000,000** per **Insured** for each **Educators Employment Liability Act or Omission**

\$ **1,000,000** Aggregate per **Insured** for all **Educators Employment Liability Acts or Omissions**

( see Item 4. F. for sublimit regarding **Claims** we elect to defend )

**C. Bail Bond Coverage Limit:**

\$ **1,000** Per Bail Bond, Per **Policy Period**

**E. Sexual Misconduct Defense Coverage Limit:**

\$ **35,000** Per **Claim**, Per **Policy Period**

\$ **35,000** Aggregate, Per **Policy Period**

**D. Corporal Punishment Defense Coverage Limit:**

\$ **10,000** Per **Claim**, Per **Policy Period**

**F. Educators Employment Liability Act or Omission Defense Limit:**

\$ **5,000** Per **Insured** for each **Educators Employment Liability Act or Omission**

\$ **5,000** Aggregate, per **Policy Period**

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The following forms and endorsements are made a part of and attached to this policy at inception:

**0901IL0903, 4382PL0805, 4394PL0804, 4395PL0804, 4397PL0804, 4223PL0104, 4289PL0104, 4169IL1004, 4459PL1004, Privacy Notice, State Mandatory Endorsements**