



**GENERAL INFORMATION**

Group Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact's email: \_\_\_\_\_ Contact's Phone #: (     ) \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

# of Children in School: \_\_\_\_\_ # of Parents: \_\_\_\_\_

Website Address: \_\_\_\_\_

Requested effective date of Coverage (the date your current policy is expiring if you are renewing): \_\_\_\_\_  
MM/DD/YY

Additional Insured (optional): \_\_\_\_\_

**PAYMENT INFORMATION**

Payment Method:  Credit Card  Check Enclosed  Bill Me

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CCV# \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Amount: \_\_\_\_\_

**COVERAGE INFORMATION**

1. **D&O** – \$1,000,000 limit per claim and a \$10,000,000 annual aggregate limit  
**(IF YOU ARE PURCHASING THE SILVER, GOLD, OR PLATINUM PACKAGES, PLEASE FILL OUT THIS SECTION)**

Parent Group's Total Assets: \_\_\_\_\_

Parent Group's Annual Revenue: \_\_\_\_\_

Number of fairly regular volunteers in your group: \_\_\_\_\_

If the Applicant or any person proposed for coverage herein has been the subject of, or involved in, any of the following in the past five (5) years:

- Any disciplinary action by any regulatory agency or association.*
- Any administrative proceeding charging violation of a federal or state law or regulation.*
- Any other criminal actions.*

It is agreed that with respect to the above, if such circumstances exist, any claim arising from such circumstances are excluded from the proposed insurance.  Yes  No

The applicant agrees they have never given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance?  Yes  No

The applicant agrees that no person applying for this coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied:  Yes  No

**2. Excess Accident Medical Insurance – \$25,000 annual limit**

Number of parents with children: \_\_\_\_\_

Our group has not filed an Excess Accident Medical claim in the last five years:  Yes  No

**3. General Liability – \$1,000,000 per occurrence limit/\$2,000,000 annual aggregate limit (Must be purchased with Excess Accident Medical)  
(PLEASE FILL OUT THIS SECTION)**

General Liability coverage is included for the following events:

5K & 10k Walk/Run	Carnival ( <i>with exceptions</i> )	Food Sale	Open House
All Night Lock-In	Car Wash	Fortune Telling	Parade ( <i>no vehicles</i> )
Animal Rides ( <i>tethered or led</i> )	Childcare ( <i>at a PTO event</i> )	Fun Run	Parent Education Workshop
Arts & Crafts Activities	Colored Sand Painting	Grad Night	Performing Arts
Auction	Community Forum	Haunted House ( <i>on school premises</i> )	Petting Zoo
Babysitting at PTO Meeting	Concession Stand	Hobby Show	Picnic
Bake or Food Sale	Confetti Eggs	Horse-led Hayride ( <i>no vehicles</i> )	Pizza Night
Balloon Artists	Cookout ( <i>grilling equipment used</i> )	Ice Cream Social	Ring Toss
Band Concert	Costume Party	Jail Auction	Science Fair
Bazaar	Cow Bingo	Jog-a-thon	Spelling Bee
Bean Bag Toss	Dances ( <i>on school premises</i> )	Karaoke	Talent Show
Beautification Project ( <i>no construction</i> )	Easter Egg Hunt	Line Dancing	Touch-a-Truck ( <i>only if vehicle is stationary</i> )
Book Fair	Egg Toss	Litter Cleanup	Trivia Night
Broom Hockey ( <i>on school premises</i> )	Face Painting	Magic Show	Walk-a-thon
Cake Walk	Family Portraits	Math Fair	Water Balloon Toss
Candy or Wrapping Paper Sale	Farmers Market ( <i>on premises</i> )	Movie Night ( <i>inside</i> )	Yard/Rummage Sale
	Fashion Show	Movie Night ( <i>outside</i> )	
	Fishing ( <i>from land</i> )		

*Review the coverage for additional information. This list is not all-inclusive so email insurance@ptotoday.com for guidance relative to activity or event not mentioned.*

For the following activities to be covered by your insurance, the session/program must be led by PTO volunteers or by paid instructors. Additional PTO volunteers must be in attendance at all sessions/programs. The paid instructors must have their own coverage, and name your parent group as an additional insured on their policy. Any program with more than 800 people in attendance must be reviewed by the insurance carrier.

- After School Programs
- Enrichment Programs

For the following activities to be covered:

a) If you hire a vendor to provide any of the following activities at your event, there must be supervision and the vendor must have appropriate insurance and name your parent group as an additional insured on the vendor's policy,

OR

b) If you have any of these activities at the vendor's venue, the vendor must have appropriate insurance and it is strongly recommended that your parent group be listed as an additional insured on the vendor's policy.

Alcohol ( <i>when served at functions by a third party</i> )	Golf Tournament	Moon Walk
Bowling	Haunted House ( <i>not on school premises</i> )	Pee Wee Golf ( <i>miniature</i> )
Bounce House	Inflatable Slide	Rock Climbing Wall
Dunking Booth	Laser Tag	Skating Rink ( <i>Roller and Ice</i> )
		Swimming Party ( <i>pool with lifeguards only</i> )

General Liability coverage is **excluded** for the following events:

Automobiles	Luge	Rocketry
Aircraft	Mechanical/Motorized rides at carnival	Rodeo
Asbestos Exposure	Motorsports Risks	Saddle Animals
Bike Rodeos	Nuclear Exposue	Skateboarding
Bungee Jumping	Organized Athletic Events	Swimming (open water)
Camping	Paintball	Tobogganing
Campfire/Bonfire	Parachuting	Trampolines over 46" in diameter
Fireworks	Parasailing	Vehicular Transportation of any type Velcro Jumps
Hang Gliding	Playground Construction	Watercraft
Hot Air Balloons	Polar Plunge	Workers Compensation Claims
Lead Exposure	Pyrotechnic Displays or Devices	
	Race Track Risks	

*This list is not all-inclusive. Please email or call us if you have a question about whether your event is covered.*

### **Athletic/Sports Activities or Events:**

Athletic, sports and physical type activities or events represent extremely high potential liability to a Parent Group, and have a very high participant child and adult injury incident rate. Injuries to athletic/sports participants are not covered under this policy. The policy will not defend the Parent Group against a negligence lawsuit resulting from athletic or sports activities. Types of activities referred to within this section include but are not limited to aerobics, baseball, basketball, cheerleading, football, gymnastics, martial arts, swimming, tennis, track and field, volleyball, or any enrichment class or event involving athletic or physical type activities. *The only exceptions to the Athletic/Sports exclusion are: bowling, 5K Run/Walk, Walk-A-Thon, Jog-A-Thon, Fun Run, a golf tournament, or an ice or roller skating party (indoor rink facility).*

**I agree to these terms**

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**4. Crime** \$25,000 annual limit (Must be purchased with Excess Accident Medical and General Liability)  
**(IF YOU ARE PURCHASING THE COPPER, GOLD OR PLATINUM PACKAGES, PLEASE FILL OUT THIS SECTION)**

The organization must conduct an annual audit of the books by an audit committee or qualified accountant and the monthly bank statement must be opened/reviewed by someone who does not have authorization to sign checks.

**I agree to these terms**

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**5. Property** \$10,000 annual limit (Must be purchased with Excess Accident Medical, General Liability, D&O and Crime) **(IF YOU ARE PURCHASING THE PLATINUM PACKAGE, PLEASE FILL OUT THIS SECTION)**

Description of property:

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Where is property stored (school, other)?

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Is property stored in a secure location?  Yes  No

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**PREMIUM/LOSS INFORMATION**

Has your PTO filed an insurance claim in the past 5 years?  Yes  No

If yes, please complete loss information below.

TERM	INCURRED LOSSES	NUMBER OF LOSSES

**Please read the following statement carefully and sign below where indicated. If a policy is issued, this signed statement will be attached to the policy.**

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

The undersigned authorized officer of the Applicant acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized office of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(APPLICANT)

Title: \_\_\_\_\_ Group Name: \_\_\_\_\_  
(MUST BE SIGNED BY AUTHORIZED OFFICER)

**INSTRUCTIONS TO PURCHASE**

1. Make check Payable to **PTO Today**.
2. Send payment to PTO Today, 100 Stonewall Blvd, suite 3, Wrentham, MA 02093 or fax to 508-384-6108.
3. Questions on payment call 800-557-2670.

**OTHER NOTES**

1. Coverage is not in force until the application has been accepted and payment has been received. Bene-Marc, Inc. reserves the right to accept or reject any application for insurance.
2. Insurance plan is administered by Bene-Marc, Inc. All insurance related questions not answered online should be directed to insurance@ptotoday.com.

## FRAUD WARNINGS

**NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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 IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.