

MARYLAND PTA INSURANCE PROGRAM
FINAL NOTICE – 2016 INVOICE & ENROLLMENT FORM
COVERAGE FOR CHECKS RECEIVED AFTER 10/01/16 WILL BE EFFECTIVE DATE
RECEIVED.

INSTRUCTIONS TO PURCHASE

01. Policy effective 7/1/2016 -7/1/2017– **Premium due is: \$229 which includes a \$25 Late Fee**

02. Send payment **check** and **completed** Enrollment Form to: **Knight Insurance Services, Inc.**
535 North Brand Blvd., Suite# 1000
Glendale, CA 91203

GENERAL INFORMATION **PLEASE PRINT**

01. _____
Name of Officer and Title completing the Application

02. Name of the your PTA Unit's County: _____

03. PTA Unit's Name: _____

04. PTA Unit Contact Email (IMPORTANT!) _____
The email address is where we will send the Loss Prevention Guide):

05. PTA **Unit Mailing Address:** _____
Street City State Zip

06. PTA Unit Contact Name: _____
First M.I. Last

07. PTA Unit Contact Home Phone: _____
Area Code Number

DIRECTORS & OFFICERS LIABILITY

- 01. Wrongful Act Liability Insurance Protection for Directors and Officers
- 02. \$1,000,000 per Occurrence Limit/\$1,000,000 Annual Aggregate

Liability

- 01. Legal Liability Insurance Protection
- 02. \$1,000,000 per Occurrence Limit/\$2,000,000 Annual Aggregate Limit per PTA Unit

Bonding - Crime Coverage

- a. Employee Dishonesty \$25,000 Limit \$500 Deductible
- b. Forgery or Alteration \$25,000 Limit \$500 Deductible
- c. Theft, Disappearance and Destruction
Of Money and Securities
- (1) Loss Inside The Premises \$25,000 Limit \$500 Deductible
- (2) Loss Outside The Premises \$25,000 Limit \$500 Deductible

For questions or enrollment at any time please call **Jennifer Burgh, or Manuel Hamme.**
Toll Free: 800-733-3036 - FAX (818) 662-9312 – PTAMD@Knightins.net