

## PTO/Booster Club Insurance Enrollment Form

For your convenience, you can purchase PTO/Booster Club Insurance online at [RVNAInsurance.com](http://RVNAInsurance.com) or by phone at 1-800-567-2685. To purchase by mail, complete this form and mail it with a check to the address below.

### Tell Us About Your PTO/Booster Club

Group Name:	Type: <input type="checkbox"/> PTO <input type="checkbox"/> Booster Club <input type="checkbox"/> Educational Foundation	Total Annual Revenue/Receipts \$ <input style="width: 80%;" type="text"/>
Contact Name:	Email Address:	
Phone number:		

### Tell Us About Your School

School Name:		
Street Address:		
City:	State:	Zip Code:

I UNDERSTAND and AGREE our organization conducts its business from a school campus between the grades K-12.

### Select Your Effective Date

The effective date is the date payment is processed or the requested effective date, whichever is later.

mm/dd/yy
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### Select Your Coverages

Please select the coverages your PTO/Booster Club would like to add and enter total amount below.

<b>LIABILITY PLUS</b> <input type="checkbox"/> \$1,000,000/\$2,000,000 (\$155.00)	Commercial General Liability insurance protection with limits of \$1,000,000/\$2,000,000 Per Occur./Annual Agg. \$0 deductible.
<b>BONDING PLUS</b> Please review required accounting procedures <input type="checkbox"/> \$10,000 (\$83.00) <input type="checkbox"/> \$25,000 (\$95.00) <input type="checkbox"/> \$50,000 (\$122.00)	Employee Dishonesty, Forgery/Alteration, and Theft, Disappearance & Destruction of money and securities. \$250 deductible.  <b>Required Accounting Procedures</b> 1) There will be no pre-signing of blank checks 2) There will be a monthly bank reconciliation (re-balancing of the checkbook) performed by an officer other than that officer (usually the Treasurer) normally responsible for banking functions.
<b>DIRECTORS &amp; OFFICERS LIABILITY PLUS</b> <input type="checkbox"/> \$1,000,000/\$2,000,000 (\$50.78) <input type="checkbox"/> I UNDERSTAND and AGREE that this policy is underwritten by a surplus lines Insurance Carrier	Provides protection for covered losses resulting from an actual or alleged error or omission, misleading statement or breach of duty as a director or officer. \$250 deductible.
<b>ACCIDENT MEDICAL PLUS</b> <input type="checkbox"/> \$10,000 (\$98.00) <input type="checkbox"/> \$50,000 (\$113.00) <input type="checkbox"/> \$25,000 (\$106.00)	Medical expense coverage, which helps to avoid lawsuits and provides insurance coverage for out-of-pocket medical expenses resulting from an accident at a sponsored activity or covered event. \$25 deductible.
<b>PROPERTY PLUS</b> <input type="checkbox"/> \$10,000 (\$100.00) <input type="checkbox"/> \$20,000 (\$186.00) <input type="checkbox"/> \$15,000 (\$140.00)	Protects your group's business property from loss due to fire, lightning, windstorm, theft, earthquake, flood, vandalism, and other perils. \$500 deductible.

<b>ENTER TOTAL \$</b>	Please make your check payable to R.V. Nuccio & Associates, Inc.
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### Applicant Acknowledgements & Signature ALL ITEMS MUST BE CHECKED FOR POLICY TO BE ISSUED

- I UNDERSTAND and AGREE that the policy provides coverage only for the activities of and to the Named Insured entity and does not extend over to nor down to provide any insurance coverage for the activities of or to any other Organization, Auxiliary, Club, Chapter, Group or Entity other than the Named Insured Organization.
- I AGREE that after diligent inquiry, neither I nor any of our Directors, Officers, or Members are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance.
- I UNDERSTAND and AGREE that any known or existing circumstances, conditions, or situations which may give rise to a loss under this insurance will not be covered by the policy.
- I UNDERSTAND and AGREE that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance.

Signature:	Print Name:
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# #1 Insurance for PTOs/Booster Clubs

## Quote & Buy Online in Minutes

### RVNA Liability for \$155 Includes:

- \$1M Damage to Premises
- \$10K in Medical Payments
- Sexual Misconduct
- Media Liability

## Need more reasons to choose RVNA?

DIY Certificates of Insurance Instantly Online 24/7

Fewer Exclusions than other School Groups Insurance

Expert Assistance by Phone

Insuring PTOs/Booster Clubs for over 25 years

Buy online at [RVNAInsurance.com](http://RVNAInsurance.com) or Call Us at 1-800-567-2685

## Need to add an Additional Insured? No Problem!

Additional Insureds/Certificates of Insurance are free with Liability Plus.

### Additional Insured Information

(ex. School Board, School District, School, if required)

Name:

Street Address:

City:

State: Zip Code:

Optional Wording:

## Complete the Enrollment Form on the back to purchase insurance by mail

Note: Coverage information is presented in summary format. It is not all inclusive, nor does it alter or waive any of the actual policy language, deductibles or limits. R.V. Nuccio & Associates, Inc. reserves the right to accept or reject any application for insurance. Coverage is not in force until the application has been accepted and a Certificate of Insurance has been issued by R.V. Nuccio & Associates.

Offered exclusively through:



Underwritten by:

