



159 East County Line Road • Hatboro, PA 19040-1218
 1-800-986-4627 Fax 1-866-321-0905 STB_Brokers@asg.aon.com

PROFESSIONAL LIABILITY INSURANCE PROPOSAL

Date: September 18, 2015

Trigg County High School prospect # 464931997
 Attn: Faye Sikes
 201 Main Street
 Cadiz KY 42211

Insurance Carrier:	American Casualty Company of Reading, Pennsylvania
AM Best Rating:	A
Carrier Status:	Admitted
Type of Coverage:	Professional Liability
Professional Liability Limits:*	\$1,000,000 per occurrence \$5,000,000 aggregate
Specialty:	Student Blanket
Policy Period:	<u>10/01/2015 to 10/01/2016</u>
Quote Expiration:	October 15, 2015
Professional Liability:	\$ 300.00 minimum premium
State Taxes:	5.40
KY Town Taxes	18.00
HPSO Purchasing Group Fee	\$ 15.00
Total Amount Due:	\$ 338.40

* Defense Costs are in addition to the limits of liability

This Quotation is conditioned upon receipt, review, and acceptance of the following information:

- **Signed and dated Authorization To Bind Coverage form**
- **Invoice**
- **Payment in full**
- **Receipt of authorization form, invoice, and payment prior to the quote expiration date noted above**

Dedicated To Serving The Insurance Needs of Healthcare Providers

Healthcare Providers Service Organization is a division of Affinity Insurance Services, Inc.; in CA (License #0795465), MN & OK, AIS Affinity Insurance Agency, Inc.; and in NY, AIS Affinity Insurance Agency.



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These conditions must be met within on or before the Quote Expiration Date specified above. If they are not fulfilled, then this quotation will be withdrawn.

If between the dates of the Quotation and the Effective Date of the current insurance contract, there is a material change in the condition of the Applicant, or if any notice of claim or circumstance giving rise to a claim is reported prior to the effective date of the proposed insurance contract, then the Applicant must notify the Producer. The Producer as the representative of the above-referenced Applicant will then notify American Casualty Company of Reading, Pennsylvania and provide American Casualty Company of Reading, Pennsylvania with all the information it may require. Whether or not this quotation has already been accepted by the Applicant, American Casualty Company of Reading, Pennsylvania reserves the right to rescind this indication as of its effective date or to modify the final terms and conditions of the quotation upon review of the information. The American Casualty Company of Reading, Pennsylvania also reserves the right to modify the final terms and conditions upon review of the information received in satisfaction of the aforementioned conditions.

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AUTHORIZATION TO BIND COVERAGE

Coverage for the above-captioned account is bound subject to the following terms and conditions:

- Coverage may be canceled at any time prior to or during the binder period by the Applicant by giving written notice of cancellation to American Casualty Company of Reading, Pennsylvania.
- Coverage may be cancelled or rescinded or the terms of the quotation may be modified by American Casualty Company of Reading, Pennsylvania based upon either of the following: :
 - There is a material change in the condition of the Applicant; or
 - Any notice of claim or circumstance giving rise to a claim is reported prior to the effective date of the insurance. If such claim or circumstance giving rise to a claim occurs, then the Applicant must immediately notify HPSO/ Affinity Insurance Services.
- At its discretion, American Casualty Company of Reading, Pennsylvania may apply a pro-rated premium charge if the applicant requests cancellation after coverage is bound.

By signing this document I authorize Affinity Insurance Services, Inc. to bind coverage as outline in the "Professional Liability Insurance Proposal" above.

Signature: _____

Date: ____/____/____

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COMPENSATION and OTHER DISCLOSURE INFORMATION

Healthcare Providers Service Organization (HPSO), a division of Affinity Insurance Services, Inc., exclusively offers the HPSO Program as an agent of CNA and provides services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

As compensation for the services described above, Affinity receives 20% of your paid premium as commission for marketing the program and 20% for underwriting, policy management, billing, risk management and client services. In addition, Affinity receives \$0.48 annually per paid policy as commission for claim handling for the License Protection coverage extension of the professional liability insurance policy. For mid-term premium bearing coverage endorsements and renewal policies, Affinity is compensated at the same levels as the initial policy commission, unless we notify you otherwise.

Other than the commissions described in the preceding paragraph, Affinity will receive no other compensation from the insurer. However, Affinity may charge a Healthcare Providers Service Organization Purchasing Group Membership fee.

Your signature on your application, quote form, check and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Affinity.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit in such accounts.

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Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance and reinsurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit http://www.aon.com/market_relationships for more detail on these agreements.

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INVOICE and PAYMENT OPTIONS

INVOICE DATE: September 18, 2015
INVOICE/ Prospect # 464931997

PAYMENT DUE DATE: October 15, 2015
AMOUNT DUE: \$338.40

To expedite issuance of your policy and have a certificate of insurance faxed to you today, please fax this invoice, your signed and dated Authorization To Bind Coverage form, and credit card information to our secure fax number at 866-321-0905

PLEASE CHECK ONE

_____ REQUESTED EFFECTIVE DATE **10/01/2015**

_____ PAYMENT BY CREDIT CARD:

- Credit card number _____ Exp ____ / ____
- Please provide a fax# or email address for us to send your certificate to:

_____ PREMIUM FINANCING REQUESTED (Available if premium exceeds \$1,000.00)

_____ PAYMENT BY CHECK:

- Please allow 5-6 business days for U.S. Postal Service delivery
- Mail this invoice your signed and dated Authorization To Bind Coverage form and check made payable to HPSO to:
Healthcare Providers Service Organization
Attn: HPSO Student Blanket Program
159 East County Line Rd
Hatboro, PA 19040
- **A certificate of insurance will be sent to you immediately upon receipt of a signed and dated Authorization To Bind Coverage form and payment in full.**

Thank you. We sincerely appreciate your business and look forward to servicing all of your professional liability insurance needs!

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