

## CHEMICAL EDUCATORS LEGAL LIABILITY INSURANCE

### 1. MEMBER INFORMATION

Member First Name: \_\_\_\_\_ Member Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. MEMBERSHIP AFFILIATION

Membership is required to obtain coverage. Are you a member of ACS or AACT? Please check one:  ACS  AACT Membership # \_\_\_\_\_

### 3. CHEMICAL EDUCATORS APPLICATION

Name of academic institution in which you work: \_\_\_\_\_

Type of Educational Institution:  Private College/University  Public College/University  Private or Public Secondary School  Other

Please check the box below that adequately reflects your activities as an educator:

- |  |  |  |  |
|--|--|--|--|
| <input type="radio"/> Faculty and instructional staff with responsibility for conduct or supervision of high school and freshman-level undergraduates instructional labs; but no responsibility for supervision of individuals research activities involving manipulations of chemical substances. No coverage for use of pyrophoric or high energy or high toxicity substances or acutely bio-hazardous materials.<br><b>Rate: \$250 annually</b> | <input type="radio"/> Faculty and instructional staff with responsibility for conduct or supervision of instructional labs at any undergraduate level, but no responsibility for supervision of individual research activities involving manipulation of chemical substances. No coverage for use of pyrophoric or high energy or high toxicity substance or acutely bio-hazardous materials.<br><b>Rate: \$350 annually</b> | <input type="radio"/> Faculty and instructional staff with responsibilities that include supervision of individual research activities involving manipulation of chemical substances but not involving pyrophoric or high energy or high toxicity substances or acutely bio-hazardous materials. Such individuals would also be covered for instructional labs at all levels.<br><b>Rate: \$450 annually</b> | <input type="radio"/> Faculty and instructional staff with responsibilities that include responsibility for supervision of individual research activities involving or potentially involving manipulation or pyrophoric or high energy or high toxicity substances or acutely bio-hazardous materials. Such individuals would also be covered for instructional labs at all levels.<br><b>Rate: \$550 annually</b> |
|--|--|--|--|

Would you like to increase your contingent liability (bodily injury/property damage) limit from \$500,000 to \$1,000,000 for an additional premium of \$50?  Yes  No

Would you like to increase the pollution limit from \$500,000 to \$1,000,000 for an additional premium of \$50?  Yes  No

**Premium Determination:**

Base Rate	\$
Additional Contingent Liability	\$
Additional Pollution Limit	\$
<b>Policy Subtotal</b>	<b>\$</b>

#### 4. PRIOR COVERAGE HISTORY

Do you currently have Educator's Professional Liability insurance?  Yes  No

Please give details of current insurance:

CARRIER	LIMITS	DEDUCTIBLE	EXP. DATE

Other Professional Liability insurance:

CARRIER	LIMITS	DEDUCTIBLE	EXP. DATE

Has the above insurance been canceled or non-renewed within the past 5 years?  Yes  No

Please attach a listing of all employment lawsuits, administrative proceeding (e.g. EEOC), as well as any professional liability lawsuits (for which this coverage is construed against any entity) which was commenced during the past 3 years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for each. If there have been no losses, please indicate here:  No Prior Losses

Has the applicant been subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment?  Yes  No

The subject of any anti-trust, copyright or patent infringement litigation?  Yes  No

The subject of any representative, derivative, or class actions?  Yes  No

Given written notice under the provisions of any prior liability or similar insurance of specific facts or circumstances which might subsequently give rise to a claim being made against any insured person(s)?  Yes  No

#### 5. PRIOR KNOWLEDGE/WARRANTY

Note: If there has been no previous professional liability coverage or in the event continuity is not granted it will be necessary to answer the following: It is important that you fill in the blank in this paragraph.

No person proposed for 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 the proposed coverage, except:  None  Or: \_\_\_\_\_

#### 6. SUBMISSION AND SIGNATURE

THE MEMBER DECLARES THAT, AFTER INQUIRY, TO THE BEST KNOWLEDGE OF ALL PERSONS TO BE INSURED THE STATEMENTS SET FORTH HEREIN AND IN ANY ATTACHMENTS MADE HERETO ARE TRUE, AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED, OMITTED, OR MISSTATED.

UNDERWRITERS RESERVE THE RIGHT TO AMEND THE TERMS, CONDITIONS AND LIMITATIONS OF ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION, IF SUBSEQUENT TO THE DATE OF THIS APPLICATION, BUT PRIOR TO THE INCEPTION OF SUCH POLICY, THERE ARE ANY MATERIAL ALTERATIONS TO THE INFORMATION CONTAINED HEREIN.

COMPLETION OF THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO PROVIDE COVERAGE, BUT IT IS AGREED THAT THE STATEMENTS AND PARTICULARS CONTAINED HEREIN WILL BE RELIED UPON BY UNDERWRITERS IN THE EVENT A POLICY IS ISSUED. THIS APPLICATION IS SIGNED ON BEHALF OF ALL OWNERS, PRINCIPALS, PARTNERS, SHAREHOLDERS, DIRECTORS AND EMPLOYEES.

**BY SUBMITTING THIS APPLICATION, THE MEMBER AGREES THAT IN THE EVENT THE APPLICATION CONTAINS MISREPRESENTATIONS OR FAILS TO STATE FACTS MATERIALLY AFFECTING THE RISK ASSUMED BY THE INSURING COMPANY UNDER A POLICY ISSUED, THE POLICY MAY BE DEEMED NULL AND VOID. APPLICATION WILL ATTACH TO AND FORM PART OF THE POLICY.**

Member's Signature

Title

Date

**Please email application and any attachments to: [acs.apply@pearlinsurance.com](mailto:acs.apply@pearlinsurance.com)**

**PLEASE NOTE: Due to carrier requirements, premium payment and a signed application must be received to bind coverage.**

**Be sure to complete all pages and sign the last page**