



## Application for Coverage

Please complete both pages of the application and check the coverage limits desired.

### Unit Information:

Legal Charter Entity <u>GLDN INC.</u>	BSA Pack/Troop <u>TROOP 19</u>
Mailing Address <u>[REDACTED]</u>	County <u>CHESTER</u>
City, State & Zip <u>[REDACTED]</u>	Contact Phone Number <u>[REDACTED]</u>
Primary Contact Name <u>THOMAS TYREE</u>	Email Address <u>[REDACTED]</u>
Secondary Contact Name <u>[REDACTED]</u>	Email Address <u>[REDACTED]</u>

### Select Coverage Options:

#### General Liability

- \$1 Million - \$ [REDACTED]  
 \$2 Million - \$ [REDACTED]

#### Extended Medical Payments Endorsement

- \$10,000 - \$ [REDACTED]  
 \$25,000 - \$ [REDACTED]  
 \$50,000 - \$ [REDACTED]

#### Media Liability Endorsement

- \$25,000 - \$ [REDACTED]  
 \$50,000 - \$ [REDACTED]  
 \$75,000 - \$ [REDACTED]  
 \$100,000 - \$ [REDACTED]

#### Directors & Officers Liability

- \$1 Million - \$ [REDACTED]

#### Fidelity Bond (Crime)\*

- \$10,000 - \$ [REDACTED]  
 \$25,000 - \$ [REDACTED]  
 \$50,000 - \$ [REDACTED]

#### Inland Marine (Business Personal Property)\*

- \$10,000 - \$ [REDACTED]  
 \$25,000 - \$ [REDACTED]  
 \$50,000 - \$ [REDACTED]

Total Cost: \$ [REDACTED]

Have you had insurance declined, cancelled or non-renewed in the last five years?

No  Yes

(If yes, please attach explanation)

Have you had any insurance claims in the last five years?

No  Yes

(If yes, please attach explanation)

Make Checks Payable to:

AIM

PO Box 674051

Dallas, TX 75267-4051

Phone: 800-876-4044

Fax: 214-360-0802

Email: aim@aim-companies.com

### Reminder!

1. Complete All Pages
2. Sign Application
3. Send Payment

\*Higher limits are available upon request.

Policies cancelled before the effective date, are subject to a \$35 cancellation fee. Short term policies are subject to a minimum premium equivalent to 50% of the annual premium or \$50, whichever is greater, not to exceed the total annual premium. All premium and fees paid are fully earned at inception.

**Requirements of Bond Coverage (Make sure all officers are aware of requirements):**

1. The Organization must conduct an annual review of the books by a Review Committee or qualified accountant.
2. The monthly bank statement must be initialed and reviewed by someone who does not have authorization to sign checks.

**COVERAGE IS VOID IF THESE REQUIREMENTS ARE NOT FOLLOWED.**

**Acknowledgements:**

- I certify that there have been no losses, accidents or circumstances that might give rise to a claim, that have not already been reported for a coverage(s) for which I am applying.
- I acknowledge that AIM may contact me or my organization by email.
- I agree to the terms and conditions of the policy as set forth in this application

**Please list any Additional Insured's to be added: Applicable to the General Liability Only**

Please note, adding an Additional Insured means you agree to share the total limits of the policy

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Name and Description of Event(s) \_\_\_\_\_

Date/Time(s) of Event(s) \_\_\_\_\_

Insurable interest of Additional Insured: (Circle or List) School/District Equipment Rental Use of Premises

Grantor of Permit Teacher/Instructor Other \_\_\_\_\_

**I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete. If information provided is found not true & accurate, coverage may be voided.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**