

PARENT EDUCATORS PROFESSIONAL LIABILITY INSURANCE
issued to the
NATIONAL ASSOCIATION OF SALARIED PROFESSIONALS PURCHASING GROUP
and
SPECIFIED MEMBERS
(This is an application for a claims-made policy.)

1. Name of Applicant: _____

2. Address: _____
(City) (State) (Zip)

Phone:(____)_____ Fax:(____)_____ Email Address:_____

Mailing Address _____

3. Describe the purpose, general activities and functions of your operation and date established (use a separate page if necessary):

4. Names of individual(s) conducting Parent Educator Program, including all parent educators employed by or working in conjunction with the Applicant (use a separate page if necessary):

<u>Name</u>	<u>Degree</u>
_____	_____
_____	_____

5. State the total number of parent educator courses handled or conducted annually _____
 (An estimate may be given if an accurate count is not available)

6. Does the Applicant charge fees for services? Yes No
 If Yes, please explain schedule of fees: _____

7. Does the Applicant publish any publications for limited or general distribution? Yes No
 If Yes, please attach a sample of each.

8. Has any professional liability claim or suit been made against the Applicant or any individual listed in Question 4 arising out of the conduct of Parent Education? Yes No
 If Yes, give name of the person involved, name of claimant, and all other pertinent details:

9. Does the Applicant or any individual listed in Question 4 know of any circumstance, act, error, omission or personal injury that could result in a claim or suit against him or the Applicant named in the application? Yes No
 If Yes, give name of possible claimant, date of act and other pertinent details:

It is understood that the insurance applied for will issue on the 1st day of the month following receipt of the premium and the acceptance of the application by Underwriters. I/We hereby declare, based upon my/our knowledge and upon reasonable investigation, the above statements are true and that I/we have not suppressed or misstated any material facts and this application shall be the basis of the contract with Underwriters at Lloyd's, London.

Date: _____

 Name of person completing application (print)

Return completed application to:
 Complete Equity Markets, Inc.
 1190 Flex Court
 Lake Zurich, IL 60047
 (800) 323-6234 Toll Free In US & Canada
 (847) 541-0900 In Illinois FAX (847) 541-0444

 Signature

 Title

SERVICE CHARGE ACCEPTANCE FORM

As insurance brokers, we must charge a \$25.00 service fee to compensate our office for insurance documents issuance and administration. Unlike other insurances whereby the insurer does all the typing and issuing of the insurance document, this entire service is provided by Complete Equity Markets, Inc. Please sign the memo below, and return it to us with your premium check. This service fee is included in the premium calculation on the quotation or application, you need pay it only once.

The undersigned agrees that a service fee of \$25.00 is made by Complete Equity Markets, Inc. for the broker services in connection with the above insurance. The undersigned further agrees that the signed Acceptance Form and service fee must be returned to Complete Equity Markets, Inc. to effect coverage.

This service fee will be fully earned once the policy is issued, and no part of the service fee will be refunded in the event that the policy is cancelled for any reason prior to expiration.

Date

Name of person completing application
(Print)

Signature

INDIVIDUAL STATE TAX RATING SUPPLEMENT

State	Tax %	State	Tax %	State	Tax %	State	Tax %	State	Tax %
AL	**	HI	**	MI	2.50%	NC	5.00%	UT	4.50%
AK	**	ID	1.75%	MN	3.00%	ND	1.75%	VA	2.25%
AZ	3.2%	IL	0%	MS	4.00%	OH	5.00%	VT	3.00%
AR	4.00%	IN	2.50%	MO	5.00%	OK	6.00%	WA	**
CA	**	IA	1.00%	MT	3.75%	OR	2.00%	WI	3.00%
CO	3.00%	KS	6.00%	NE	3.00%	PA	**	WV	4.55%
CT	4.00%	KY	**	NV	**	RI	3.00%	WY	**
DE	2.00%	LA	5.00%	NH	2.00%	SC	6.00%		
DC	2.00%	ME	3.00%	NJ	**	SD	2.50%		
FL	**	MD	**	NM	3.003%	TN	2.50%		
GA	4.00%	MA	2.28%	NY	**	TX	4.85%		

**Please contact our office for a quote.

* If you are in one of the states listed below please add a \$25.00 Service Fee. The accompanying Service Charge Acceptance Form must be signed and returned with your application. If your state is **NOT** listed below please **DISREGARD** the \$25.00 fee and Service Charge Acceptance Form.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, IL, KS, ME, MN, MO, NV, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SD, TN, TX, UT, VT, WA, WI

- A. **Total premium for desired coverages (from application):** \$ _____

- B. **Service Charge *if applicable in your state* (see * above):** \$ _____

- C. **Add lines A + B and insert here:** \$ _____

- D. **Tax calculations: For the states of AL, AK, AZ, AR, CO, FL, KS, MN, MO, NC, NM, NV, OK, OR, SD, TN, TX, UT, WA and WI, multiply line C by the tax amount listed in the chart above and enter here:** \$ _____
All other states, multiply line A by the tax amount listed in the chart above and enter here: \$ _____

- E. **Add lines C + D and insert here (Total to be remitted):** \$ _____

Please insert total from line E above into total line on third page of application and sign & date application. Please remit application along with check for total premium from line E and signed & dated Service Charge Acceptance Form (if applicable).

Disclaimer: While we make every effort to display current tax information, state taxing regulations often change. If this is the case, our office will contact you to adjust your remittance.