Dear SCACTE Member:

As an employed professional member* of the South Carolina Association of Career and Technical Education, you automatically receive $1 million in educators professional liability insurance plus job-related legal benefits. This is a benefit of your membership in SCACTE and costs you nothing.

In the event you are faced with a lawsuit arising from your profession, the Educators Professional Liability Plan will pay your defense costs and contribute up to $1 million for a judgment or settlement. The policy protects you against a broad range of exposures, such as injury to students under your supervision, failure to educate, violation of student civil rights, and improper placement of students. You also receive job protection benefits if you’re threatened with termination, suspension, reassignment or demotion.

Additionally, the plan will reimburse legal fees incurred in due-process, job-protection matters. You may receive up to $500 for your initial consultation with an attorney, up to $750 to have an attorney represent you and up to $4,000, subject to a $100 deductible, if you decide to sue because of a job action and the judgment is in your favor.†

With lawsuits against educators increasing, SCACTE believes this coverage is important and is pleased to provide this benefit for you. In addition, you can upgrade to $2 million, add a benefit to cover part-time educational jobs, or both, and further protect your personal assets from the devastation that a legal action can cause. Upgrades start at $25 per year. See application for details.

The following items regarding your policy are enclosed:

1. A fact sheet providing a brief overview of SCACTE’s professional liability plan.
2. The Declarations Page for the Educators Professional Liability Insurance policy.
3. An Application to upgrade your professional liability coverage.

Please file this letter and the Declarations Page with your important personal papers. You can access the entire policy online at www.ftj.com/SCACTE. If you have any questions about your policy or do not have access to the Internet, please call our group insurance administrator, Forrest T. Jones & Company, at (800) 821-7303.

Sincerely,

Ray Boland
Executive Director

P.S. If you are an independent contractor you may not be covered under this Professional Liability Program. However, by virtue of your membership in SCACTE, you may be eligible to purchase Private Practice Professional Liability Insurance. We recommend you call Forrest T. Jones & Company at (800) 821-7303 to review your particular employment circumstances and your eligibility for this plan.

* You must be a full-time, W-2 employee of a school, college or university, and the job must be your main occupation. Registered nurses, school board members and owners of private schools: see enclosed fact sheet for eligibility details.
† See enclosed fact sheet for more detail.
The South Carolina Association of Career and Technical Education in-dues professional liability plan is the solution to uncertain or inadequate liability coverage. You’ll have peace of mind knowing that if your school district doesn’t have sufficient coverage or refuses to defend you, your back-up plan is in place. Your association’s affiliation with the Trust for Insuring Educators (TIE) makes this valuable member benefit possible.

**Features**

Your in-dues plan:

- Pays up to $1 million for damages arising from professional liability and employment liability lawsuits.
- Pays defense costs in addition to the liability limit for professional liability lawsuits.
- Covers claims brought at any time, as long as the act or omission that resulted in the claim occurred while your policy was in effect.
- Provides coverage as long as you remain a SCACTE member in good standing and SCACTE continues to offer this professional liability plan as an in-dues member benefit.

**What’s Covered**

- The in-dues plan protects you against a broad range of exposures associated with your educational duties, such as:
  - Injuries to students under your supervision
  - Improper placement of students
  - Defamation
  - Failure to educate
  - Failure to promote students or grant credit
  - Violation of student civil rights
  - Improper methods employed in instruction, counseling, research design, etc.
  - Negative consequences in implementing the recommendations of research studies
  - Are named in a lawsuit seeking non-monetary relief (limit of $35,000 per claim, per policy period).

**Legal Assistance Benefits**

- If you are threatened with a job action, such as termination, suspension, reassignment or demotion, the plan’s Job Protection Benefits will pay:
  - Up to $500 for your initial consultation with an attorney
  - Up to $750 of the cost of having an attorney represent you at a formal hearing of a school board or other authority
  - Up to $4,000 for legal fees, subject to a $100 deductible, if you decide to sue because of the job action and the judgement in the suit is in your favor. Up to $750 is available to you regardless of the suit’s outcome.
- After a $100 deductible, the plan also pays 90 percent of your attorney’s fees if you:
  - Are sued by an employee you supervise regarding a covered personnel matter (limit of $5,000 per policy period).
  - Are accused of sexual misconduct, provided you are found not guilty or the charges are dismissed (limit of $35,000 per claim / $35,000 aggregate per policy period).
  - Face criminal charges arising out of corporal punishment, provided you are found not guilty or the charges are dismissed (limit of $10,000 per claim, per policy period).

**Other Insurance**

The insurance provided by SCACTE’s in-dues professional liability plan is excess of any other valid and collectible insurance or indemnity you might have with regard to the claim, including coverage provided by your school district and/or school board.

**Eligibility**

- You must be a member in good standing of the SCACTE and a full-time, W-2 employee of a school, college or university, and the job must be your main occupation.
- If you are a registered nurse, a licensed/certified school psychologist or a physical therapist, you must be performing medically-related teaching or services in the normal course of your duties as an employee of a school to be eligible for coverage.
- School board members and owners of private schools are not eligible.
- If you are an educator in private practice or an independent contractor, you are not eligible for this program. Please contact the plan administrator at (800) 821-7303 for information about professional liability plans for which you may be eligible.
SCACTE Professional Liability Upgrade

SCACTE members may purchase one of the following upgrades to the in-dues plan:

- **Part-time coverage** – adds coverage for part-time educational activities (such as consultant, tutor, teacher) for a $35 annual premium.
- **$1 million additional benefit** – increases your professional liability coverage to $2 million for a $25 annual premium.
- **$1 million additional benefit plus part-time coverage** – increases your professional liability coverage to $2 million, and provides coverage for your part-time educational activities, for a $75 annual premium.

**Eligibility**

To be eligible for the optional part-time coverage, the following requirements must be met:

- Your primary employment must be with an educational organization.
- Your part-time or secondary job must be educational and not medically related, and must fall within the same underwriting guidelines as your main occupation.
- You must receive payment for the job.

Registered nurses, licensed/certified school psychologists and physical therapists performing medically related teaching or service in the normal course of their duties as an employee of a school, university or college are not eligible for part-time coverage.

**Additional Benefits**

When you upgrade to $2 million in liability coverage, you receive the following additional or increased coverage:

- After a $100 deductible, the plan also pays 90 percent of your attorney’s fees if you are **accused of sexual misconduct**, provided you are found not guilty or the charges are dismissed (limit of $50,000 per claim / $100,000 aggregate per policy period).

**Effective Date**

- The plan becomes effective the date your membership is accepted by SCACTE.
- Your plan provides coverage for claims brought at any time, as long as the act or omission that resulted in the claim occurred while the policy was in effect.

**Limitations**

This plan is available to members residing in the United States and the District of Columbia.

**Filing a Claim**

If you are named in a suit and you anticipate incurring legal fees, contact Forrest T. Jones & Company, the plan administrator, at (800) 821-7303 ext. 1123 for assistance in filing a claim.

Copies of all legal documents, papers and invoices should be mailed to:

SCACTE Professional Liability Program
c/o Forrest T. Jones & Company,
Attn: P&C Dept.
3130 Broadway
Kansas City, MO 64111-2406.

**How to Apply**

Complete the enclosed application, sign it, and send it with your payment to:

Forrest T. Jones & Company
P.O. Box 418131
Kansas City, MO 64141-8131

**Payment Options**

You may pay by check or credit card (MasterCard or VISA) at the time of application.

You will receive a renewal notice in the mail in advance of your upgrade policy’s termination date.
In consideration of the payment of premium when due, it is agreed and understood that, solely with respect to the Insured(s) set forth in Item #1 of this Declarations, the EDUCATORS PROFESSIONAL LIABILITY POLICY on Form 4382 PL applies as specified. It is further agreed and understood the coverage is applicable to Members shown in the Master Membership List of Insured Members maintained by the Association.

**TIE IN-DUES BASIC MEMBERS DECLARATIONS PAGE**

**EDUCATORS PROFESSIONAL LIABILITY POLICY**

Policy Number: GL0000011
Renewal of: GL0000011

**ITEM 1. NAMED INSURED**

Each Member shown in the Master Membership List of Insured Members maintained by the Association.

**ITEM 2. POLICY PERIOD**

The policy period indicated in the Master Membership List of Insured Members that is associated with each individual Insured Member.

**ITEM 3. ASSOCIATION: SCACTE**

A voting member of the Trust for Insuring Educators and participant in the Trust's Educators Professional Liability Programs.

**Producer’s Name & Address:**

David J. Smith, Agent / Broker  
c/o FORREST T. JONES & COMPANY, INC.  
P.O. Box 418131  
Kansas City, MO  64141-9131  
Phone: (800) 821-7303

**ITEM 4. LIMITS OF LIABILITY**

A. Educators Professional Liability Acts or Omissions Limit of Liability:

$1,000,000 per Insured for each Educators Professional Liability Act or Omission  
$1,000,000 Aggregate per Insured for all Educators Professional Liability Acts or Omissions
B. **Educators Employment Liability Acts or Omissions** Limit of Liability:
   - $1,000,000 per Insured for each Educators Employment Liability Act or Omission
   - $1,000,000, Aggregate per Insured for all Educators Employment Liability Acts or Omissions
   (see Item 4. F. for sublimit regarding Claims we elect to defend)

C. **Bail Bond Coverage Limit:**
   - $1,000 Per Bail Bond, Per Policy Period

D. **Corporal Punishment Defense Coverage Limit:**
   - $10,000 Per Claim, Per Policy Period

E. **Sexual Misconduct Defense Coverage Limit:**
   - $35,000 Per Claim, Per Policy Period
   - $35,000 Aggregate, Per Policy Period

F. **Educators Employment Liability Act or Omission Defense Limit:**
   - $5,000 Per Insured for each Educators Employment Liability Act or Omission
   - $5,000 Aggregate, per Policy Period

The following forms and endorsements are made a part of and attached to this policy at inception:
The South Carolina Association of Career and Technical Education provides $1,000,000 of Educators Professional Liability insurance to its active employed, or active life members. You may apply to upgrade your liability limits and/or add coverage for part-time educational activities by completing this application and submitting the appropriate annual premium payment.

**Select Your Upgrade and Annual Premium: (Choose one)**

<table>
<thead>
<tr>
<th>Liability Limit Upgrade Amount</th>
<th>Annual Premium</th>
<th>(These amounts may include a state surplus lines tax.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000,000 Employed</td>
<td>$25</td>
<td>Covers only your duties as an employed educator</td>
</tr>
<tr>
<td>$1,000,000 Employed Plus Part-time</td>
<td>$75</td>
<td>Covers your duties as an employed educator plus part-time educational activities outside of your W-2 employment as an educator</td>
</tr>
</tbody>
</table>

**I want to add Part-time coverage**

<table>
<thead>
<tr>
<th>Upgrade</th>
<th>Annual Premium</th>
<th>(This amount may include a state surplus lines tax.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Part-time coverage to my current $1,000,000 liability limits</td>
<td>$35</td>
<td>Covers your duties as an employed educator plus part-time educational activities outside of your W-2 employment as an educator</td>
</tr>
</tbody>
</table>

If you selected the Employed Plus Part-time coverage type above, please complete the following:

Describe your primary duties in detail: ______________________________________________________________________________________

Describe your part-time duties in detail: ______________________________________________________________________________________

*Increased limits of liability will become effective the first day of the month after application approval and receipt of the annual premium.*

**Personal Information:**

Name ________________________________________________________________________________________ Date of Birth ____/____/_____

Street Address* __________________________________________________________________________________________________________

* Required for NY residents (Please include Apt / Room #) City State ZIP

Association Affiliation ________________________________________________________ Occupation __________________________________

Social Security No. _____________________________________________________________ Gender  M  F

Daytime Phone ______________________________________ E-mail Address __________________________________

I declare I have read and understand the above-stated offering for an upgrade to my limits of liability. I represent that I am not aware of any claims or incidents that could result in a claim being made against me.

Signature X __________________________________________________________________________ Date __________________________________________________________________________

**Premium Payment Options:**

- **Check Enclosed**
  I have enclosed my check payable to: David Smith, Agent/Broker

- **Credit Card**
  I authorize you to charge the liability limit upgrade premium, as provided to me by the insurer, to the following credit card:  MasterCard  Visa

  Card Number _____________________________________________________________

  Expiration Date _________________________________________________________

  Name on Card ____________________________________________________________

  Credit Card Billing Address (if different than address above):

  Address _________________________________________________________________

  (Include Apt / Room #)  City  State  ZIP

  Signature X __________________________________________________________________________