



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](http://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,

A handwritten signature in black ink that reads "Ray Boland". The signature is written in a cursive, flowing style.

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
  - Hiring unqualified people
  - 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

## 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).

- Are named in a lawsuit seeking **non-monetary relief** (limit of \$35,000 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.



**Administered by: Forrest T. Jones & Company**

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**Continued** 

# SCACTE In-Dues Professional Liability Plan

## 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.

The Educators Professional Liability Plan is made available through your professional association's participation in the Trust for Insuring Educators (TIE), which consists of more than 60 educational associations comprising more than 1.5 million members.

*The material herein is provided for informational purposes and is not intended to be a representation of coverage that may exist in any particular situation under a policy issued through Forrest T. Jones Company, Inc., its affiliates or the insurance companies represented. All conditions of coverage, terms, and limitations are defined and provided for in the policy issued to you. Programs and products may not be available in all states; policy features may vary by state or other circumstances and are subject to change without notice.*



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**INSURER:**

**Savers Property & Casualty  
Insurance Co.** ( A stock company )  
11880 College Blvd. - Suite 500  
Overland Park, KS 66210

**( 800 ) 351 -1411**

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 MEMBER DECLARATIONS PAGE

### EDUCATORS PROFESSIONAL LIABILITY POLICY

Policy Number: GL000011

Renewal of: GL000011

#### 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**

**E. Sexual Misconduct Defense Coverage Limit:**

\$ **35,000** Per **Claim**, Per **Policy Period**

\$ **35,000** Aggregate, Per **Policy Period**

**D. Corporal Punishment Defense Coverage Limit:**

\$ **10,000** Per **Claim**, 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**

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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)

### I want total coverage of \$2,000,000

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

### I want to add Part-time coverage

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

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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

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**

Mail this application and your check to:

David Smith, Agent/Broker  
c/o Forrest T. Jones & Company  
3130 Broadway • P O Box 418131  
Kansas City, MO 64141-8131

(800) 821-7303  
www.ftj.com

### 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 \_\_\_\_\_  
Street (Include Apt / Room #) City State ZIP

Signature **X** \_\_\_\_\_