

**2011-2012 MANAGEMENT LIABILITY PROGRAM ENROLLMENT FORM FOR  
CLUBS & REGIONS OF SOROPTIMIST INTERNATIONAL OF THE AMERICAS, INC.**

**CARRIER**  
GREAT AMERICAN

**EFFECTIVE DATE**  
MAY 18, 2011- MAY 18, 2012

**PREMIUM**  
\$180 PER CLUB  
\$360 PER REGION

**POLICY DETAILS**

LIMIT: \$1,000,000 + RETENTION \$1,000 (SEPARATE LIMIT & RETENTION FOR EACH CLUB/REGION)  
DIRECTORS & OFFICERS LIABILITY INCLUDING EMPLOYMENT PRACTICES LIABILITY  
NON-ADMITTED PAPER + MEDICAL MALPRACTICE EXCLUSION + DEFENSE COST NOT SUBJECT TO RETENTION  
POLICY ADDRESSED TO SIA HEADQUARTERS- NO COVERAGE FOR THE HEADQUARTERS

IF YOU WOULD LIKE TO PURCHASE COVERAGE, PLEASE COMPLETE & SUBMIT THIS FORM ALONG WITH PAYMENT TO AH&T INSURANCE.

**CLUB/REGION NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**WARRANTY STATEMENT**

1. DOES THE ORGANIZATION OR ANY PROPOSED INSURED HAVE KNOWLEDGE OF ANY FEDERAL, STATE OR LOCAL LEGAL PROCEEDINGS, INVESTIGATIONS OR CLAIMS AGAINST THE ORGANIZATION AND/OR ANY PROPOSED INSURED DURING THE PAST THREE YEARS?  
*IF "YES", PLEASE ATTACH DETAILS.*  
**IT IS UNDERSTOOD & AGREED THAT ANY CLAIM ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.**  
 YES  NO
  
2. IS THE UNDERSIGNED OR ANY PROPOSED INSURED AWARE OF ANY FACT, CIRCUMSTANCE OR SITUATION INVOLVING THE ORGANIZATION OR ITS SUBSIDIARIES OR ANY PROPOSED INSURED WHICH HE OR SHE HAS REASON TO BELIEVE MIGHT RESULT IN A FUTURE CLAIM?  
*IF "YES", PLEASE ATTACH DETAILS.*  
**IT IS UNDERSTOOD & AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.**  
 YES  NO
  
3. ARE THE TOTAL ASSETS OF THIS ORGANIZATION GREATER THAN \$1,000,000 OR IS THE ANNUAL SALARY EXPENSE GREATER THAN \$250,000?  
*IF "YES", THEN YOU MAY NOT BE ELIGIBLE.*  
 YES  NO

IF ANSWERED "YES" TO ANY OF THE ABOVE, YOUR ORGANIZATION WILL BE REVIEWED ON AN INDIVIDUAL BASIS.

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGN NAME \_\_\_\_\_ DATE \_\_\_\_\_

*SIGNATURE OF PRESIDENT OR EXECUTIVE DIRECTOR*

YOU WILL RECEIVE A CERTIFICATE OF INSURANCE ONCE YOUR ENROLLMENT FORM HAS BEEN PROCESSED.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: **AMANDA BALLVÉ, AIAM, CISR, ACSR**  
DIRECT PHONE: (703)554-6260 E-MAIL: [ABALLVE@AHTINS.COM](mailto:ABALLVE@AHTINS.COM)

PLEASE MAIL ENROLLMENT FORM & PAYMENT TO:

**AH&T INSURANCE  
ATTN: AMANDA BALLVÉ  
20 SOUTH KING STREET  
LEESBURG, VA 20175**



**MAKE CHECKS PAYABLE TO: ARMPFIELD, HARRISON & THOMAS, INC.**