



California State
PTA[®]
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INSURANCE GUIDE



INSURANCE AND LOSS PREVENTION GUIDE

This publication has been developed to assist PTA leaders in selecting appropriate fundraising activities, sponsored programs and events. Using this publication will help prepare for the risks associated with these activities. Please only use the following forms and do not modify the form wording.

CAPTA Package Coverages:

Coverage	Limit	Carrier
General Liability	\$1,000,000	Tudor Insurance (Western World)
Officers Liability	\$1,000,000	Tudor Insurance (Western World)
Bond (Crime)	\$25,000	Tudor Insurance (Western World)
Workers Comp (if applicable)	\$1ML/\$1ML/\$1ML	Oak River Insurance (Berkshire Hathaway)
Umbrella Liability	\$10,000,000	Indemnity Ins Co of North America

CAPTA Insurance Broker:

AIM Association Insurance Management Inc.
8144 Walnut Hill Ln Suite 900 Dallas TX 75231
(800) 876-4044 • FAX (214) 360-0802
Email: CAPTA@aim-companies.com

Additional information: <https://capta.org/pta-leaders/services/insurance/>

As referenced in this guide, information regarding California State PTA policies and procedures can be found in the Toolkit. You can access the Toolkit online at <http://toolkit.capta.org/>.



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Why Does My Organization Need Insurance?

The number one question that most PTAs face today is “Why does my organization need insurance?” That’s a great question and one that every PTA should ask itself. There are many misconceptions about insurance when it comes to PTAs. Did you know that you, as an individual member or officer of your organization, could be held personally liable for an accident that occurs at one of your events? Personal liability means that your personal assets could be at risk if you were sued because of something that happened at one of your organization’s events. Are you willing to put your checking account, your savings account, possibly your 401k or other assets at risk for your organization?

Insurance not only protects your organization, but also protects you as an individual, especially when there is limited coverage through your homeowner’s insurance. This insurance guide will walk you through the risks that you are exposed to as a PTA, ways to reduce that liability, and how insurance policies can protect your PTA and its members, should something happen at one of your events.

Common Misconceptions:

- PTAs are immune from liability because of their non-profit status
- The school’s insurance covers PTAs for all of their events.
- Liability protects the PTAs from all risks.

General Liability Covers Everything: **FALSE**

“We have insurance.” That’s a statement that we hear as a customer service team every day. The problem with making that statement, however, is that it’s extremely broad. The truth is that most PTAs don’t know what coverage they have, nor do they know what risks those policies are protecting them from. When thinking about your personal insurance policies, you wouldn’t expect your Homeowners Insurance policy to pay if you were in an automobile accident. Nor would you expect your Health Insurance policy to pay if your home burned down. Each one of your personal insurance policies does something totally and distinctively different. The same thing is true concerning PTA insurance policies. Professional Liability insurance doesn’t cover your organization against embezzlement, nor does your General Liability policy provide coverage if your organization’s fundraising t-shirts are stolen.

There are four different insurance policies offered to PTAs that have totally different objectives which we will cover in this guide.

- 1. General Liability with Extended Medical Payments** -Included in CAPTA Package
 - Optional Extended Accident Medical Payments Endorsements
 - Optional Media Liability Endorsements
 - Optional Terrorism Coverage
- 2. Professional Liability (Directors & Officers Liability)** -Included in CAPTA Package
- 3. Fidelity Bond (Crime)** -Included in CAPTA Package
- 4. Inland Marine (Business Personal Property)**- Optional
 - Optional Terrorism Coverage

General Liability

(Included in CAPTA Package)

Let's face it, everyone involved in a PTA is volunteering for the same reason – the kids. Even though you are putting your valuable time and numerous hours into making your organization the best that it can be, there are still certain risks that you are exposed to as a volunteer. While attending your fall carnival, a child could fall down and get hurt. You may not see that as a risk that you should be concerned with, but what if the parents of that child don't have health insurance? The family will be looking for someone to help with those expenses. After all, it was at your event that their child was injured. In the event that an incident leads to a lawsuit against your organization, as a volunteer named in a lawsuit, your personal assets could be at risk. The General Liability policy protects not only your organization but protects you as a member as well.

Always think about
Liability in these terms:
"It's YOUR fault that my
child was injured at the
PTA Carnival."

Bodily Injury and Property Damage

Bodily Injury & Property Damage are covered in 2 parts under your General Liability policy:

1. **Liability** - \$1 million per occurrence and a \$2 million general aggregate to cover damages for bodily injury or damage to property of others.
2. **Extended Medical Payments** – Up to \$5,000 per person to cover medical expenses (outside a lawsuit.)

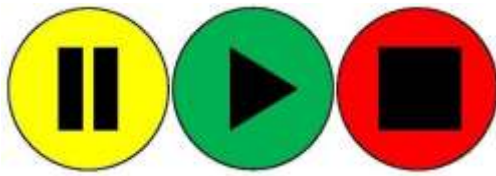
The **Liability** portion will come into effect for lawsuits in which your organization is being sued for bodily injury or property damage of others. You have up to \$1 million per occurrence per policy period to compensate for any judgments made against you.

The **Extended Medical Payments** portion will come into effect for minor medical injuries that are sustained by a volunteer of your organization, a board member, or a third party at one of your organization's sponsored events. This is by no means a health insurance policy. The Medical Payments clause of your liability policy will pay secondary to any personal health insurance that the injured party may have. Medical Payments coverage helps protect your organization and its members by deterring a lawsuit, while helping the injured party cover out of pocket expenses they may incur in seeking treatment.

Sponsored Events

To extend your General Liability policy to your organization, you must be hosting an event sponsored by your PTA. The requirements of a sponsored event are:

1. The event must be approved by your organization
2. The event must be scheduled by your organization
3. The event must be planned by your organization
4. The majority of the manpower must be provided by your organization's members



Red Light, Yellow Light, Green Light

It is critical that the RED, YELLOW and GREEN list be reviewed before planning any PTA activities. Certain activities and events are prohibited because they are excluded by the insurance policy and/or because they are dangerous and/or jeopardize the safety of our children and youth. This list is not all-inclusive. If you are interested in sponsoring an activity not included in the list, contact AIM to ensure it is covered by your insurance policy.

Red Light

Certain activities and events are prohibited and are not covered under your insurance policy. Individual PTA officers may be held personally liable for conducting any of the events noted in RED on the following page of this guide. The RED light activities are prohibited activities.

Yellow Light

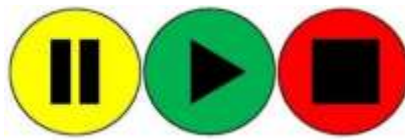
Occasionally, PTAs want to sponsor activities which may require waivers of liability and certificates of insurance. PTAs must strictly adhere to PTA guidelines and/or other special arrangements. All conditions must be met before undertaking any activities noted in YELLOW on the following page of this guide. The insurance broker must be consulted.

Green Light

Approved activities and events are noted in GREEN on the following page of this guide. Please refer to the California State PTA Toolkit and the National PTA Quick-Reference Guides for more information about appropriate PTA fundraising activities.

DO NOT SIGN

Under no circumstances should any unit, council or district PTA sign a Hold Harmless Agreement for a vendor/concessionaire/service provider or agree in any way that the PTA will be held responsible for liability. This prohibition is in place regardless of the activity's place on the red, yellow, green list. Review all contractual arrangements very carefully to make sure that they do not contain such provisions. If a contract includes a Hold Harmless Agreement or Indemnity Clause, contact the California State PTA Insurance Broker prior to signing.



Red Light, Yellow Light, Green Light



RED - STOP: This activity is excluded from your policy.



YELLOW -PAUSE: Use caution. Even though this event is potentially covered under your policy, this is a high-risk event and you need to take extra precaution when hosting.



GREEN -PLAY: Covered event



After School Programs



Archery



Aircraft



All Night Lock-Ins



Animal Rides



Apple Bobbing



Arts & Crafts Activities



Asbestos Exposure



Athletic Leagues, Clinic, Camps



ATVS



Auctions



Babysitting at Meetings



Bake or Food Sales



Balloon Artists



Baseball Toss



Beautification Projects



Bike Rodeos



Book Fairs



Bounce Houses



Bowling



Broom Hockey



Bungee Jumping



Cake Walks



Camps - Outdoor Enrichment/Science



Candy/Wrapping Paper Sales



Car Wash



Carnivals



Color Runs



Colored Sand Painting



Concession Stands



Costume Parties



Cow Bingo



Crossing Guards



Dances, Line Dancing



Dinners



Drones



Dunk Tanks



E-Waste



Egg Toss



Enrichment Programs



Face Painting



Family Portraits



Farmers Market



Fashion Shows



Fireworks



Fishing (from land)



Food Sales



Football Throw



Fortune Telling



Fun Runs



Gift Wrapping



Golf Tournaments



Grad Nights



Haunted Houses



Hobby Shows



Hot Air Balloons



Ice Cream Socials



Inflatable Slides



Jump Rope



Litter Cleanup



Magic Shows



Mechanical/Motorized Rides



Moon Walks



Movie Night



Open Houses



One Day Athletic Events



Paint Ball Guns



Parent Education



Pee Wee Golf



Performing Arts



Petting Zoos



Picnics and picnic games



Pizza Night



Raffles



Ring Toss



Rock Climbing Walls



Rocketry



Sale of Weapons



Science Fairs



Skating Rink (roller and ice skating)



Spelling Bees



Sumo Wrestling



Swim Parties



Talent Shows



Trampolines



Velcro Walls



Water Balloon Toss



Water Slides (no homemade)



Workshops



Zip Lining

Best Practices Guidelines

WAIVERS

Obtain a signed PTA student waiver (see waiver on page 12) from each student's parent or guardian for all events off-site and/or involving any physical activities. A waiver may be signed for a whole year's activities; place it in the school packet at the beginning of the year. You will need to adapt and add the wording "as respects all PTA-sponsored events for the school year 2019-2020." Participants and volunteers 18 or older may sign their own waiver.

VENDOR REQUIREMENTS

Complete all requirements listed in page 20 of this guide.

EVENTS

If a unit, council or district PTA chooses to sponsor activities or events that are allowed under PTA policy but that the insurance company has excluded or does not provide coverage for, the unit, council or district PTA must purchase the necessary additional participant liability insurance for that activity, **and** the entire organization (the California State PTA, its units, councils and districts) must be named as the Named Insured. Please contact the California State PTA Insurance Broker, for requirements for additional insurance. The California State PTA Insurance Broker understands the necessity of protecting the entire organization and will ensure that such additional coverage will match the existing PTA liability insurance and that California State PTA will be protected.

Please note: The PTA cannot purchase insurance nor engage in activities noted as red light activities.

JOG, FUN RUN, AND WALK-A THONS

These activities are allowed with the public. You need the following: 1) a prearranged course that is separate from traffic; 2) proper supervision (security & police in place); 3) water stations and; 4) participants' waivers and parent approval and student waivers completed for all participants.

BABY SITTING

The only babysitting that is allowed is at PTA meetings where parents are continually on campus **AND** the following conditions are met: the babysitters are unpaid volunteers, they do not change diapers, there are at least two unrelated adults (18 years or older - may be under 18 if certified babysitter) in attendance at all times, and coffee or other hot fluids are kept outside of the babysitting room or area. If there are over 11 children in attendance, one additional babysitter, who may be under 18, is recommended to be onsite. Refer to the "PTA-Provided Babysitting Services" in the Finance section of the California State PTA Toolkit. If babysitters are paid, they are considered a vendor and require their own insurance.

BINGO GAMES AND POKER NIGHTS FOR CHARITABLE PURPOSES

Refer to the finance section of the California State PTA Toolkit. Please consult local government for any additional ordinances.

RAFFLES

Information on how to conduct a legal raffle can be obtained by going to the California Attorney General's website. (See www.ag.ca.gov Section 320.5 Gambling Charitable Raffles.)

Best Practices Guidelines

LITTER CLEAN UPS

Adequate supervision must be provided. Reflective vests and rubber gloves must be used. Waivers must be signed. Clean-up must not be done on freeways.

GRADUATION OR PROM NIGHT

See Programs section of the California State PTA Toolkit.

CONTRACTS YOU ARE ASKED TO SIGN

If you are required to sign a contract by the vendor/concessionaire/service provider you **must** submit a copy of the contract to the California State PTA Insurance Broker capta@aim-companies.com for review prior to signing.

PURCHASING PLAYGROUND EQUIPMENT

Gift the money to the school to purchase and install the equipment. Do not install any playground equipment.

PURCHASING A DIFIBRILLATOR

If you purchase a defibrillator, it is important that you gift it to the school and not be responsible for the operation or training of the defibrillator.

HOMECOOKED FOOD

Check with your school district and County Health Department to see if home-cooked items are allowed.

SCHOOL DROP-OFF & PICK-UP/CROSSING GUARD VOLUNTEERS

Volunteers must be at least 18 years of age and must sign California State PTA's *Participation Waiver* form annually. The program must follow guidelines contained in ***Safe Routes to School Guide – Student Drop-off and Pick-up*** (http://guide.saferoutesinfo.org/pdf/SRTS-Guide_Dropoff-Pickup.pdf), including use of safety vests, properly designated loading zones, single file approach, and all other safety rules and procedures contained therein.

TRANSPORTATION

When funding classroom field trips, it is recommended that funds be paid directly to the school district and include a request that they be deposited into the school district general fund for the unit's school and earmarked for the payment of buses and/or admission fees. While California State PTA's insurance does include limited coverage for hired and non-owned automobiles (see page 23 of this guide), it is recommended that PTA members refrain from transporting students for PTA events.

General Liability Exclusions

The following is a list of specifically excluded items under General Liability:

1. Archery
2. Automobiles & Vehicular Transportation of Any Type*
3. Asbestos Exposure
4. Bungee Equipment or Bungee Jumping
5. Athletic Activities - organized sports including (but not limited to) sport clubs, sports camps, municipality teams, school teams (public or private), sports leagues, college teams or professional teams
6. Hot Air Balloons
7. Lead Exposure
8. Mechanical/Motorized Rides at Carnival
9. Nuclear Exposure
10. Parasailing
11. Rocketry
12. Scuba Diving
13. Scouting
14. Watercraft
15. Weapons, including but not limited to guns, knives, swords, bows, axes and slip shots/catapults
16. Workers Compensation Claims
17. Zip Lining

Walk-a-thons, fun runs, field days, donkey basketball and other one day events are covered, as they are not considered to have a regular practice and game schedule.

*Note: Please see Auto Coverage for details on included auto risk

Liability Waivers

We receive many calls from PTAs asking about “waivers” of liability. It is very important to be aware that **you can never sign your liability away** regardless of any document or waiver. A waiver will not hold up in court if your organization is found at fault for an injury occurring at one of your events; however, a waiver is a tool used to help deter the lawsuit mindset. By having all participants sign a waiver, you are helping to plant the seed that the participant is responsible for their own actions. While a waiver isn’t a requirement to extend coverage under the General Liability policy, California State PTA requires that that you use waivers for all physical activity events, as well as field trips (including litter clean up.)

The following waivers are attached:

- Student Participant Waiver - Parents Approval, Student, Family (English & Spanish)
- Adult/Volunteer Participant Waiver (English & Spanish)
- Volunteer Waiver, Release, and Indemnity - Volunteer Service



PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (including student, siblings and parents):

- 1. _____
Participant Name Age, if minor child
- 2. _____
Participant Name Age, if minor child
- 3. _____
Participant Name Age, if minor child
- 4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that is it my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

- 1. _____
Parent/Guardian Signature Print Name Date
- 2. _____
Parent/Guardian Signature Print Name Date

Address City State Zip Phone (include Area code)

**PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT
 WAIVER (Spanish Version)**

APROBACIÓN, ESTUDIANTE, FAMILIA DE LOS PADRES, Y RENUNCIA DEL PARTICIPANTE

_____ (*nombre del menor*) tiene mi (nuestro) permiso para tomar parte en todas las actividades patrocinadas por la PTA (Asociación de Padres y Maestros) durante el año escolar 201_ a 201_.

El abajo firmado, padre o guardián asume todo riesgo con respecto a la participación del estudiante en cualquier y toda actividad patrocinada por la PTA. Yo (nosotros) por la presente libero y descargo a la PTA de California, a todos los oficiales de PTA, a los empleados y a los agentes de toda obligación, a los reclamos o a las demandas de cualquier daño, pérdida o herida al estudiante, a la propiedad del estudiante, o a la propiedad del padre con respecto a la participación en estas actividades, a menos que causado por la negligencia de la PTA.

Yo (nosotros) por la presente certifico que a lo mejor de mi (nuestro) conocimiento y creencia tal menor se encuentra en buen estado de salud. En caso de enfermedad o accidente, se les da permiso para administrar tratamiento médico de emergencia. Es entendido aún más y es concordado que el abajo firmado asumirá responsabilidad repleta por cualquiera tal acción, inclusive el pago de costes.

Yo (nosotros) por la presente aconsejo que el menor arriba nombrado sufre de las alergias siguientes, es sensible a los medicamentos siguientes y/o tiene la condición limitante siguiente que podría afectar su participación, de todos los cuales debe informarse al médico que trate la emergencia:

 Si no tiene ninguno, por favor escriba “ninguno”

1. Firma _____ Fecha _____

Nombre impreso _____ (_____) _____
 Teléfono

Dirección _____ Ciudad Estado Código Postal

2. Firma _____ Fecha _____

Nombre impreso _____ (_____) _____
 Teléfono

Dirección _____ Ciudad Estado Código Postal

ADULT PARTICIPANT / VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Between

_____ and _____

(hereinafter “the PTA Unit”)

(hereinafter “the participant/volunteer”)

PARTICIPANT WAIVER: I voluntarily agree to participate in PTA Unit sponsored events and activities held during the school year. I recognize that the PTA Unit has not undertaken any duty or responsibility for my safety and I agree to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the PTA Unit sponsored events and activities. I recognize that these risks will vary based on the event and activity, and understand it is my responsibility to be aware of the risks before participating. I attest and verify that I am mentally and physically fit and able to participate in PTA Unit sponsored events and activities. By my signature below, I hereby state that I understand there are risks involved in participating in PTA Unit sponsored events and activities and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from the California State PTA, including all unit, council, and district PTAs, and all of their officers, directors, members and volunteers for injury sustained and liability incurred during my participation in PTA Unit sponsored events and activities.

VOLUNTEER WAIVER

This section sets forth the responsibilities and understandings of the volunteer and of the PTA Unit regarding volunteer’s participation in volunteer programs partially or wholly coordinated by the PTA Unit during the school year.

The volunteer and the PTA Unit agree as follows:

1. The volunteer performs the service of the volunteer’s own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of the PTA Unit for any purpose and the volunteer’s services are not controlled nor mandated by the PTA Unit.
2. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer’s negligent or intentional acts, or the negligent or intentional acts of others; that while the PTA Unit has taken some steps to reduce the chances of injuries or harm to the volunteer, that the PTA Unit has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer’s property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
3. The volunteer agrees to waive and release the California State PTA, including all unit, council, and district PTAs, and all of their officers, directors, members, and volunteers from any and all potential claims for injury, illness, damage, or death which the volunteer may have against the PTA Unit that might arise out of the volunteer’s service and to hold the PTA Unit harmless there from.
4. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer’s negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
5. If any injury or loss to another does occur due to the volunteer’s intentional actions or due to volunteer’s negligent actions arising outside of the scope of the volunteer’s activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
6. In projects where the volunteer will be transporting others in a non-PTA Unit owned vehicle, the volunteer will be required to provide proof of automobile insurance in order to participate.
7. Since volunteers are not the PTA Unit employees, the PTA Unit does not provide workers’ compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.

I understand that the materials and tools provided by the PTA Unit are and remain the property of the PTA Unit, and I agree to return these tools and any remaining materials to the PTA Unit at the end of my volunteer service.

By signing below, I confirm that I have carefully read this document and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

Signature

Date

Printed Name

VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Between

and

(hereinafter "the PTA Unit")

(hereinafter "the volunteer")

This document sets forth the responsibilities and understandings of the volunteer and of the PTA Unit regarding volunteer's participation in volunteer programs partially or wholly coordinated by the PTA Unit. The volunteer and the PTA Unit agree as follows:

1. The volunteer performs the service of the volunteer's own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of the PTA Unit for any purpose and the volunteer's services are not controlled nor mandated by the PTA Unit.
2. If the volunteer is under the age of 18, the volunteer may only participate in volunteer service with the express written consent of the volunteer's parent or guardian.
3. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer's negligent or intentional acts, or the negligent or intentional acts of others; that while the PTA Unit has taken some steps to reduce the chances of injuries or harm to the volunteer, that the PTA Unit has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer's property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
4. The volunteer agrees to waive and release the California PTA, including all unit, council and district PTAs and all of their officers, directors, members, and volunteers from any and all potential claims for injury, illness, damage, or death which the volunteer may have against the PTA Unit that might arise out of the volunteer's service and to hold the PTA Unit harmless there from.
5. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
6. If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
7. In projects where the volunteer will be transporting others in a non-the PTA Unit owned vehicle, the volunteer will be required to provide proof of automobile insurance in order to participate.
8. Since volunteers are not the PTA Unit employees, the PTA Unit does not provide workers' compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.

I understand that the materials and tools provided by the PTA Unit are and remain the property of the PTA Unit, and I agree to return these tools and any remaining materials to the PTA Unit at the end of my volunteer service. By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

Volunteer Signature

Printed Name

Date

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to me and are understood by the minor.

Parent or Guardian Signature

Date

Additional Insureds

If you are having an event, the event site may ask you to list them as an Additional Insured on your General Liability policy. We do not charge for these additions and will be happy to do this at your request. As a precaution, you must know that adding someone as an Additional Insured means you share your limits with someone else under your policy. For example, let's say you have a fun run at the city park and the park requires you to add them on as an Additional Insured. If the park gets sued because of something that happens at your event, your policy would provide defense for both your organization and the park, and you would SHARE total limits under your General Liability policy.

In order to process this request, we ask that you provide us with the form on the following page. It is required that you provide the following information within the form:

1. The date and location of the event
2. The start and end time of the event
3. The name and address of the Additional Insured.
4. Any specific wording required by the entity wishing to be added as an additional insured onto your policy. (subject to approval)

The following two forms are provided:

1. General Liability Additional Insured Request Form – This form will be used in the majority of cases.
2. Primary & Noncontributory Additional Insured Request – This form should only be used if Primary & Noncontributory status is specifically requested by the third party.

These forms can also be found at www.aim-companies.com. You can fill out this form online and email to us at aim@aim-companies.com or fax it to us at 214-360-0802.

Facilities Use Permit Addendum

If the school district requires a written agreement for use of school facilities, the following addendum on page 19 of this guide should be completed.



General Liability Additional Insured Request Form

Organization Information:

Organization Name: _____

Insured Number: _____ Phone Number: _____

Address: _____

City, State & Zip: _____

Requesting Board Members Name: _____

Contact Email: _____

Additional Insured Information:

Name of Additional Insured: _____

Mailing Address: _____

City, State & Zip: _____

Where to send Certificate (Email/Fax): _____ Same as above

Name/Description of Event: _____

Dates/Times of Event: _____

Additional Insured Wording (if applicable): _____

Acknowledgements:

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

Requesting Board Members Signature: _____ Date: _____

Typed or Electronic Signatures are not accepted.

Please send to aim@aim-companies.com. Please allow 24 hours for processing.

Association Insurance Management, Inc.

PO Box 742946

Dallas, TX 75374-2946

Phone: 800-876-4044

Fax: 214-360-0802

Primary & Noncontributory Additional Insured Request

General Liability Endorsement

Organization Information:

Organization Name: _____

Insured Number: _____ Phone Number: _____

Address: _____

City, State & Zip: _____

Requesting Board Members Name: _____

Additional Insured Information:

Name of Additional Insured: _____

Mailing Address: _____

City, State & Zip: _____

Where to send Certificate (Email/Fax): _____ Same as above

Name/Description of Event: _____

Dates/Times of Event: _____

Additional Insured Wording (if applicable): _____

By submitting this form you are requesting that an Additional Insured be added to your policy on a primary and noncontributory basis. We want to make sure you are fully aware of how adding this language can change your coverage.

The word "primary" in "primary and noncontributory" means that the insurance policy to which this applies will be the primary or first policy to pay out in the event of a claim if there were to be more than one insurer for the same incident or claim. The word "noncontributory" means the insurance policy to which this applies will be the only policy available to pay the claim. This policy will not require any other policy available, to contribute to payment of the claim.

We want you to fully understand that when you add an additional insured on a primary and noncontributory basis, this could reduce policy limits available to your organization (under your policy) and limit your ability to collect for damages from the Additional Insured. This could include damages involving negligence on the part of the Additional Insured.

Your signature below confirms you acknowledge and understand how adding this language could affect coverage under your policy.

Acknowledgements:

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

Requesting Board Members Signature: _____ Date: _____

Typed or Electronic Signatures are not accepted.

Please send to aim@aim-companies.com. Please allow 24 hours for processing.

Note: This Addendum is to be used with agreements to use school facilities, when such agreements are required by the school district.

FACILITIES USE PERMIT ADDENDUM

This Addendum amends that certain application to _____
(name of school district)
 (The “School District”) for use of the facilities at _____
(name of facility)
 signed by _____ (the “PTA”),
(name of PTA)
 dated _____ (the “Application”).
(date of application)

Notwithstanding anything to the contrary contained in the Application, the School District and the PTA agree that California Education Code Section 38134 (i) is incorporated into and supersedes any conflict part of the application. California Educational Code Section 38134 (i) provides as follows:

A school district authorizing the use of school facilities or grounds under subdivision (a) is liable for an injury resulting from the negligence of the school district in the ownership and maintenance of the school facilities or grounds. An entity using school facilities or grounds under this section is liable for an injury resulting from the negligence of that entity during the use of the school facilities or grounds. The school district and the entity using the school facilities or grounds under this section shall each bear the cost of insuring against its respective risks, and shall each bear the costs of defending itself against claims arising from those risks. Notwithstanding any other law, this subdivision shall not be waived. This subdivision does not limit or affect the immunity or liability of a school district under Division 3.6 (commencing with Section 810) of Title 1 of the Government Code for injuries caused by a dangerous condition of public property. [California Education Code Section 38134(i)].

PTA

School District

 (Name of PTA)

 (Name of School District)

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

Contractor/Vendor Requirements

A vendor is a person or company who provides a service or sells goods such as:

- Bus Company, Food Truck
- Book Fair, Fundraising Company, Instructors
- Inflatable Company, Assembly Act
- DJ, Caterer, Food Purveyor, etc.

Insurance Requirements:

- a) Workers' Compensation Insurance: Required if vendors have employees engaged in the performance of work under the agreement.
- b) Comprehensive General Liability: Required \$1,000,000 Combined Single Limit. This policy shall cover, among other risks, the contractual liability assumed by vendor/concessionaire/service provider under the indemnification provision set for in the agreement, and includes Bodily Injury, Property Damage, Personal Injury and Products Liability if applicable
- c) Automobile Liability Insurance: Required only if you are providing transportation (e.g., limousine or bus service) at a PTA event. \$5,000,000 limit required. \$1,500,000 for limousines with 15 or less passengers. Limousines must be school bus certified if over 10 students per AB830. Other autos at \$1M (including Food Trucks).

The vendor must meet the above insurance requirements and provide the following three items:

1. **Certificate of Insurance** naming California State PTA as the certificate holder and additional insured with the following language:
California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all their officers, directors, members and volunteers.
2. **Additional Insured Endorsement** CG 20 26 07 04 (can be a blanket form)
3. **Hold Harmless Agreement** - Completed and signed by the vendor (attached)

Instructions:

1. Provide the vendor with the complete section of requirements above.
2. Items 1, 2 and 3 above must be completed and obtained prior to the date of the event and kept on file at your location.
3. The PTA is responsible for collecting and confirming the special wording is accurate on the Certificate of Insurance.
4. Your vendor contract needs to be in the name of your PTA, not your school or an individual.

The PTA is not allowed to sign a Hold Harmless or Indemnity Agreement without prior review and consent from the PTA Insurance Broker.

Your vendor might already be approved. You can confirm by contacting AIM and requesting the "Approved Vendor List."

The California State PTA insurance policy does not cover vendors/concessionaires/service providers. Consequently, all vendors/concessionaires/service providers are required to provide Evidence of Insurance to each PTA unless annual Evidence of Insurance has been filed with the California State PTA Insurance Broker.

HOLD HARMLESS AGREEMENT

FOR PTA FUND RAISING VENDORS/CONCESSIONAIRES/SERVICE PROVIDERS

Insurance Requirements:

- (a) Workers' Compensation Insurance: Required if you have employees engaged in the performance of work under the agreement.
- (b) Comprehensive General Liability: Required \$1,000,000 Combined Single Limit. This policy shall cover, among other risks, the contractual liability assumed by vendor/concessionaire/service provider under the indemnification provision set for in the agreement, and includes Bodily Injury, Property Damage, Personal Injury and Products Liability if applicable.
- (c) Automobile Liability Insurance: Required only if you are providing transportation (e.g., limousine or bus service) at a PTA event. \$5,000,000 limit required. \$1,500,000 for Limo's with 15 or less passengers. Limousines must be school bus certified if over 10 students per AB830. Other Autos at \$1M (including Food Trucks).
 If you (vendor/concessionaire/service provider) fall under (b) or (c), a Certificate of Insurance showing policy limits and an endorsement to the policy **MUST** be submitted with your contract.

Endorsement containing the following language MUST be added to the above policies (b) and (c) as an Additional Insured:

The California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all their officers, directors, members and volunteers.

The insurance afforded by this policy shall be primary insurance to any other valid and collectible insurance available to PTA and

 (Name of vendor/concessionaire/service provider)

I/We _____ (vendor/concessionaire/ service provider) agree(s) to defend and to indemnify and hold harmless, the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all of their officers, directors, members and volunteers with respect to my/our liability for "bodily injury," "property damage" or "personal and advertising injury" to the *extent caused by my/our acts or omissions or for the acts or omissions of those acting on my/our behalf:*

- a) In the performance of my/our ongoing operations; or
- b) In the sale or distribution of my/our products; or
- c) In connection with my/our premises rented to you.

Unless caused by the negligence of the California State PTA, unit, council or district PTAs.

NOTE: The terms and conditions of this agreement shall apply with respect to Vendor's/Concessionaire's/Service Provider's operations for any unit, council, district or State PTA in California.

PRINT NAME OF ENTITY: _____

DATE: _____ SIGNED: _____
 (Vendor/Concessionaire)

PRINT NAME: _____ TITLE: _____

Vendor: If you wish to be included as an approved vendor on our Approved Vendor List, please contact our broker at

(800) 876-4044 or email at CAPTA@aim-companies.com.

Serving of Alcohol at PTA Events

Although Host Liquor Liability is not excluded under General Liability policies, the following established policies should be observed at all PTA-sponsored events:

- If alcoholic beverages are served, the PTA may not serve them.
- Any alcoholic beverages must be provided and served by a licensed establishment or catering company that has the appropriate permits and insurance.
- When a PTA is planning an event that will include alcoholic beverages, the PTA may not collect for the cost of the alcoholic beverages through ticket sales. This cost must be paid separately to the licensed establishment or catering company with the valid permits and insurance.

Per the California State PTA Toolkit, PTA funds may not be used to purchase alcoholic beverages or bottles of alcohol.

Proceed with Caution

The following activities are those which **ARE** covered under your General Liability insurance policy, but we ask that you follow the outlined precautions to limit the risk of a claim.



1. **Babysitting** – Babysitting is something that you would provide during PTA meetings or sponsor events. You must ask that you have at least two adult volunteers (18 years or older) in the room at all times. This is to help you force to protect against any molestation claims, to provide a second witness to rule out false claims, and to provide extra assistance in the case of an emergency. **Paid** baby sitters are not covered under this policy.
2. **Athletic Events** – Your General Liability policy covers athletic events such as fun runs, field day, and donkey basketball as long as they are being run by your organization. Your General Liability policy does not cover athletic organizations which maintain a regular practice and competition schedule such as a football team or cheerleading squad. Your PTA insurance policy is only meant to cover those 1 or 2 day events that your organization runs, not the football team, the cheerleading squad, or the band.
3. **After School Programs** – Your General Liability policy covers your after school programs. For the after school program to be considered your program, your organization must both organize and manage the program. If your organization participates in an after school program that is organized and managed by the school, that program is not covered.

General Liability Deductible

There is no deductible for a claim filed under this policy.

Supplements to your General Liability Policy

Extended Medical Payments (Optional)

(Endorsement to General Liability)

If you have General Liability, why do you need Extended Medical Payments Limits? How is it different? If you read the General Liability section, you will remember that there is only a \$5,000 provision for the Medical Payments component of your General Liability policy. If you have a claim above \$5,000, the injured party could sue your organization for any amounts incurred.

The Medical Payments component provides additional coverage for out of pocket medical expenses and helps deter lawsuits. **It is a supplement to your liability policy and does not, on its own, provide protection in the event of a lawsuit.**

Deter lawsuits by providing coverage for out of pocket medical expenses.

Extended Medical Payment Limits

Extended Medical Payments coverage is available for purchase in the following Increased Limit Options:

1. \$10,000
2. \$25,000
3. \$50,000

Hired & Non-Owned Auto (Included in the CAPTA package)

(Endorsement to General Liability)

Your policy is not intended to provide extensive auto coverage; however, it's not uncommon that risk for bodily injury or property damage is created by using an auto in connection with your event. For this reason, we provide a basic auto coverage called Hired and Non-Owned Auto Liability covering the following auto exposure:

1. **Hired Autos** - Autos you lease, hire, rent or borrow, NOT including those leased, hired, rented or borrowed from your "employees."
2. **Non-Owned Autos** - Autos you do not own, lease, hire, rent, or borrow that are used in connection with your business. This INCLUDES autos owned by your employees, partners, members or volunteers.

Media Liability (Optional)

(Endorsement to General Liability)

As a supplement to your General Liability policy we also offer Social Media Liability Coverage. This coverage is designed to protect you from liability in the event you accidentally misuse or disclose information on your website or other social media site. This includes misuse of logo, copyright, pictures, confidential information and other misrepresentations or misappropriations.

Coverage Highlights

Media Liability provides coverage for innocent mistakes like these:

1. **Pictures - do you have permission?**
 - a. Invasion of privacy by posting a photograph that has not been released for use.
2. **Outside company logos - do you have occasion to include company logos for events?**
 - a. Infringement of copyright, trademark, or logo when you accidentally post something.
3. **Do you make public ANY information that could be considered confidential?**
 - a. You could be held liable for disclosing of confidential information.
4. **Could someone feel you misrepresented details of your event and hold you responsible?**

This list is not all-inclusive. If you have a question about a specific situation and are inquiring about included coverage, please call AIM at 800-876-4044.

Media Liability Limits

Media Liability is available for purchase in the following Limit Options:

1. \$25,000
2. \$50,000
3. \$75,000
4. \$100,000

Terrorism (Optional)

(Endorsement to General Liability)

Under the Terrorism Risk Insurance Act, you have the right to purchase insurance coverage for losses resulting from Certified Act of Terrorism (certified by the Secretary of the Treasury). In comparison to other risks PTAs face, the risk of a Certified Act of Terrorism occurring at one of your events is relatively low. Contact us with questions about determining if your organization needs Terrorism coverage.

Professional Liability (Directors & Officers Liability)

(Included in the CAPTA Package)

We've covered your events with the General Liability Policy and Medical Payments Coverage, but what about the decisions that you make as a board? As with any business, you as an officer of your PTA can be sued for decisions that you make individually or as an organization. These decisions can include what type of fundraiser to have, where to hold an event, or any other managerial decisions. This policy protects the way you manage your organization and the decisions that are made by you and other board members.

Don't get sued for decisions you or the board have made.

Coverage Highlights

The Officer's Liability policy provides \$1,000,000 to cover decisions you make as an officer. Other things that might fall under this coverage are:

1. Inappropriate use of organization funds
2. Wrongful acts, misleading statements, or negligent acts
3. Discrimination
4. Not following your bylaws
5. Misrepresentation
6. Civil Rights violation
7. Fundraising activities

Professional Liability Exclusions

There are certain exclusions within your Professional Liability policy. The following are specifically excluded items:

1. Criminal acts
2. Any knowingly wrongful act
3. Willful or reckless behavior
4. Dishonesty

The above lists are not all inclusive. If you have a question about a specific situation and are inquiring if coverage is provided, please call AIM at 800-876-4044.

Professional Liability Deductible

There is no deductible for a claim filed under this policy.

Fidelity Bond (Commercial Crime)

(Included in the CAPTA Package)

A PTA should be run like a business. You have a budget to work within, deadlines to meet, and events to plan. The main concern in any business is finances. You may have many different officers with check signing capabilities or you may trust one of your volunteers to run to the bank to deposit fundraising money. Although there may be various safeguards set up to protect your funds, there is still a large risk of someone embezzling your money. The Bond (or Commercial Crime) policy is set up to protect your money, scrip, securities, and other cash equivalents against embezzlement, robbery, and theft.

Embezzlement, Robbery and Theft

With the Fidelity Bond coverage, your funds are covered from embezzlement by anyone that you entrust with your organization's money.

Some of the people your organization might trust with your funds include:

1. Officers
2. Volunteers
3. Members

Position Bond vs. Blanket Bond

There are two types of bonds out there – Position Bonds (single person) and Blanket Bonds (organization). Position Bonds usually cover only one person or one position within your organization. While this option may seem less expensive than a Blanket Bond, these Bonds only protect your organization if that particular person embezzles the money. For example, if your organization only bonds the Treasurer, you will find yourself in a difficult situation if the President embezzles the money. The policy that AIM offers is a Blanket Bond. Under a Blanket Bond, it is not necessary to name everyone covered by the bond, nor the position that they hold within your organization. In the event of a claim, we would ask if the person suspected of embezzlement was trusted with the money or if they stole funds belonging to your organization. Your funds are also covered for anyone that has check signing capabilities who fraudulently forges a second signature on outgoing checks.

The Two Biggest Obstacles Concerning Embezzlement:

1. Understanding that trust can be broken under the right circumstances.
2. Thinking it won't happen to your organization.

Requirements and Conditions

In order for Fidelity Bond coverage to apply to your organization, you must comply with the following requirements:

1. Your organization must conduct an annual audit/review of the books by an audit/review committee or qualified accountant.
2. The monthly bank reconciliation must be reviewed and signed by someone who does not have authorization to sign checks. Financial software does not qualify under this requirement.

Coverage may be voided if the above requirements or conditions are not followed.

Safeguarding Your Funds

While the Bond policy is available to protect your funds should they become embezzled or stolen, it is much easier to avoid the situation altogether. With the right safety practices, you can keep your hard-earned funds safe and avoid a disaster altogether.

Fidelity Bond Limits

\$25,000 limit **included in the CAPTA Package**

We offer limits up to \$250,000. If interested, please call AIM for pricing.

Police Reports Are Required

Whether you are talking about embezzlement, robbery or theft, these are all very serious crimes. In order to process a claim, you must notify the authorities in your area and furnish us with a police report naming the individual you suspect embezzled the funds. This may be the hardest part of any embezzlement claim, as the individual whom you suspect of the crime is probably someone very close to you and other members of the board.

Fidelity Bond Exclusions

The Bond policy does not cover funds which disappear by mysterious or unexplained loss. Additionally, if the conditions of the bond policy are not followed, then your claim has the potential of being denied.

Fidelity Bond Deductible

There is a \$250 deductible for a claim filed under this policy.

CAPTA Policies

It is critical that PTA Financial Guidelines be followed (see the “Finances” section of the CAPTA Toolkit) and that you have a good paper trail on all your transactions. If you have a loss, you need to prove the loss to the claims adjuster with sufficient paperwork. If you cannot, the insurance company will not pay the loss.

You must report a loss within 60 days of discovering a potential claim. Contact your PTA district president as soon as you suspect mismanagement.

Top 10 Ways to Protect Your Funds Against Embezzlement

1. Never take money home that belongs to your organization.
2. Deposit money into the bank daily, even if a project is ongoing.
3. Two people should always count the money and sign the receipt verifying the amount.
4. Two signatures should be required on all checks.
5. Never sign a blank check or a check made out to “cash.”
6. All bills should be paid by check, never cash.
7. AVOID debit or credit card use.
8. Conduct an annual audit/financial review of the books.
9. Have a non-signer physically receive, review and sign the bank statements monthly.
10. Purchase a Bond Policy and follow the requirements.

Gifts of Money to The School

We all know that PTAs raise money to purchase items to give to the school. To decrease your liability, AIM recommends that the PTA not purchase any merchandise to give to the school directly. Instead, a better choice would be for the PTA to “gift” the money to the school and allow the school to purchase the items that your organization wishes to donate. See the following page for a standard gifting agreement.

Gift money directly to the school rather than purchasing the gift items yourself.

Gifts of Property Directly to The School

Although we recommend that any PTA donate money directly to the school instead of gifting property, we do recognize that many organizations will donate property directly to the school. If this is the route your organization chooses, we recommend getting the school to sign a Hold Harmless Agreement for the property that is donated. The Hold Harmless Agreement says that the school will hold your organization “harmless” for any maintenance or accidents of the donated property. We have included a sample Hold Harmless Agreement in this Risk Management Guide.

Always use a Hold Harmless Agreement when donating property directly to any school.

FIDUCIARY AGREEMENT

The _____ PTA/PTSA (PTA), hereby gives to the _____ of _____ Public School District, a monetary grant in the amount of _____ dollars (\$ _____) check number _____, dated and signed by _____ president and _____ treasurer of the _____ PTA.

The gift money is for the sole purpose of _____

It is hereby agreed that the gift monies will be spent for the above-stated purpose on or before _____. Any portion of such funds that is unused or unexpended as of such date shall be reimbursed in full to the _____ PTA within seven (7) business days of the expiration date.

The PTA hereby gives to the _____ of _____ Public School District, the following equipment

The _____ Public School District accepts ownership of the above described equipment, accepts responsibility for the installation, operation and maintenance of the above described equipment, and will keep the above described equipment at _____, for a period of no less than _____ (_____) years.

The conditions set forth in this Fiduciary Agreement are restrictions placed by the PTA upon the donation and use of the above described money or equipment.

_____ PTA/PTSA President	_____ Date
_____ PTA/PTSA Treasurer	_____ Date
_____ School Administrator	_____ Date
_____ School District Administrator	_____ Date

Inland Marine (Business Personal Property) (Optional)

Every PTA is worried about theft. Whether someone breaks into the organization's storage facility, or someone steals merchandise from an event, the issue of theft raises concerns. Your Property policy is there to protect the personal property of your organization from such perils as theft or fire. One thing that most PTAs don't realize is that your Property policy can also **protect your fundraising merchandise, auction items, and raffle prizes.**

For example: Your organization conducts wrapping paper sales as a fundraiser and takes delivery of that merchandise on Friday. Until the children pick the merchandise up on Saturday, you agree to keep the wrapping paper in a portable storage building. What you don't realize is that the storage building has a leaky roof and a rainstorm is coming. Overnight, all of your wrapping paper is ruined, the children have come to pick up their wrapping paper for delivery, and your Treasurer says that your organization still owes the fundraising company for the wrapping paper. This policy is designed to protect you in a situation like this.

“We don't have a lot of property as an organization, but we do have fundraisers and raffles. Can the Property Policy protect raffle items in our possession for a short time?”

ABSOLUTELY!

Property Covered

Your property policy covers personal property of your organization from perils such as fire, lightning, windstorm, theft, and vandalism. Personal property of PTAs are typically items like popcorn machines, school store supplies, cash registers, posters, coffee makers, and any other property that your organization uses on a regular basis. As mentioned above, fundraising merchandise is also covered for the same perils.

Inland Marine Exclusions

There are certain exclusions within your Property policy. The following is a list of specifically excluded items:

1. Scrip/Gift Certificates – The theft of scrip is not covered. Scrip is covered under the Bond policy for embezzlement or theft.
2. Marquees – Many PTAs will conduct a fundraiser for a new sign or marquee which will go in front of the school. Once these signs are permanently grounded, they become real property and are usually covered under the school's Property and Casualty policy.
3. Computer Labs – As with the marquees, once these computers are given to the school for use by the students, they become property of the school. These labs are not for everyday use by the PTA. A computer specifically dedicated for your organization's use however, is covered.

4. Playground Equipment – This policy does not cover any playground equipment on school grounds. This property should be covered under the school’s property policy. **(Note: under many school insurance policies, items such as marquees, computers, and playground equipment must be gifted to the school in order to provide coverage)**
5. Other perils – This policy does not provide coverage for wear and tear, dishonest or criminal acts by a member of the PTA, or damaged property prior to your policy start date.

The above list is not all inclusive. If you have a specific question about coverage, please call AIM at 800-876-4044.

Inland Marine Deductible

There is a \$250 deductible for a claim filed under this policy.

Terrorism

(Endorsement to Inland Marine)

Under the Terrorism Risk Insurance Act, you have the right to purchase insurance coverage for losses resulting from Certified Act of Terrorism (certified by the Secretary of the Treasury). In comparison to other risks PTAs face, the risk of a Certified Act of Terrorism causing a property loss to your organization is relatively low. Contact us with questions about determining if your organization needs Terrorism coverage.

WORKERS' COMPENSATION INSURANCE COVERAGE

Carrier: Oak River Insurance Company (Berkshire Hathaway)

Policy # CAWC030371

Named Insured: California Congress of Parents Teachers and Students

CLAIMS - All claims must be reported immediately. State law requires that injuries requiring medical attention must be reported within five (5) working days, and that employers authorize initial medical treatment within 24 hours of knowledge that an occupational injury has occurred. The carrier will attempt contact within 24 hours of receiving the claim report.

1. **Provide injured employee a DWC 1 form to complete within 1 working day. Provide a completed copy to employee and keep a copy for your records** <https://www.dir.ca.gov/dwc/DWCForm1.pdf>
2. **Complete Employers Report of Occupational Injury or Illness form -** <https://www.dir.ca.gov/DOSH/DoshReg/Form5020.pdf>
3. **Report a new claim by sending the completed Employers Report of Occupational Injury to:**
E-mail: newclaim@bhhc.com
BCC: California State PTA office insurance@capta.org
California PTA Broker ptaclaims@aim-companies.com
Your District PTA President
Phone: (800) 661-6029
Fax: (800) 661-6984

Inquiries regarding claims should be directed to the insurance carrier. Please refer to the claim kits by state on the carrier website <https://www.bhhc.com/workers-compensation/claim-center/claim-kits-by-state.aspx> for additional details on reporting claims and for contact information. This kit will also direct you to the medical provider network which will give you information on doctors and clinics you may use for work related injuries or illness.

If the job injury does not require medical attention, complete the "Employer's Report of Occupation Injury or Illness" and keep it on file should the employee seek medical treatment at a later time.

POST NOTICE TO EMPLOYEES - Units, councils and districts PTAs having an office, or employees working at a regular place of business, must post the following "Notice to Employees" included in this guide book. (See pages 33 and 34)

It is required by law to place the information contained in this notice in a conspicuous location frequented by employees, where such notice may be easily read.

REPORTING WAGES -You are required to report wages paid to any person you hire to California State PTA. Each unit, council and district must file the Worker's Compensation Annual Payroll Report (located under Forms in the PTA Toolkit) through channels and must reach the California State PTA by January 31st, regardless if you have paid wages or not. If you hire a subcontractor, vendor, babysitter, teacher or assembly program you need to obtain a certificate of insurance showing they have worker's compensation insurance. If the person you hired has worker's compensation insurance attach the certificate to your report so we will not be charged for them. If they do not have their own insurance our policy will cover them for work related injuries.

Note: The form and any additional premium must be forwarded through the proper channels and not sent directly to California State PTA. (Example: if you are a unit, you would forward the form to your council or district)

STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS

Division of Workers' Compensation

Notice to Employees--Injuries Caused By Work



You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
 - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
 - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
 - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: www.bhhc.com

MPN Effective Date: 1/5/19

MPN Identification number: 0145

If you need help locating an MPN physician, call your MPN access assistant at: (855) 924-4272

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: (888) 495-8949

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator: Berkshire Hathaway Homestate Companies Phone: (800) 661-6029

Workers' compensation insurer _____ (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: or by calling toll-free **(800) 736-7401**. Learn more information about workers' compensation online: www.dwc.ca.gov and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.

División de Compensación de Trabajadores
ESTADO DE CALIFORNIA - DEPARTAMENTO DE RELACIONES INDUSTRIALES
Aviso a los Empleados—Lesiones Causadas por el Trabajo



Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione. Usted debe de ponerse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador o administrador de reclamos debe autorizar todo tratamiento médico, hasta diez mil dólares, de acuerdo con las pautas de tratamiento aplicables a su presunta lesión, hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
 - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupomédico después de lesionarse.
 - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
 - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN:

Página web de la MPN: www.bhhc.com Fecha de vigencia de la MPN: 1/5/19 Número de identificación de la MPN: 0145 Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: 855-924-4272 Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: 888-495-8949

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos: Berkshire Hathaway Homestate Companies Teléfono: 800-6612-6029 Asegurador del Seguro de Compensación de trabajador _____ (Anote "autoasegurado" si es apropiado) Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en: _____ o

llamando al número gratuito **(800) 736-7401**. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: www.dwc.ca.gov y acceder a una guía útil "Compensación del Trabajador de California Una Guía para Trabajadores Lesionados."

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier **actividad fuera del trabajo, recreativa, social, o atlética** que no sea parte de sus deberes laborales.

Claims - Procedures for Reporting Incidents at PTA Events

(FOR WORKERS COMPENSATION CLAIMS SEE PAGE 32 OF THIS GUIDE)

AIM takes claims very seriously and asks that you let us know about a potential claim as soon as possible. We have included the following Incident Report/claim form in this publication, but you may also print one off from AIM's website www.aim-companies.com or call us at 800-876-4044.

The Incident Report Form must be completed for every incident and accident that occurs at the time of occurrence. A copy must be kept on file by your organization and additional copies should be sent to your district president and California State PTA at insurance@capta.org. If a very serious incident/accident is being reported, you may also want to call the California State PTA Insurance Broker-AIM.

The Incident Report Form must be completed by the PTA president. The injured party should not complete this form, but you, as PTA president, may ask the party questions that will enable you to make a complete report.

If the incident being documented is not a claim and no party is seeking damages, retain the incident report for your records in the event it does become a claim. Signed forms should be kept on file for at least five years.

It is important you have full/complete information, but you must not give the impression that because you have completed an Incident Report Form that the PTA is responsible and will "take care" of the injured party. As PTA president, you must never promise to compensate a victim for his/her injuries or accept fault. The PTA president should follow-up with anyone injured at a PTA event to express concern for the individual and inquire about any injuries sustained. Many claims may be averted by demonstrating concern for the individual.

- ✓ Please have your collected vendor's Certificate of Insurance and signed Hold Harmless Agreement ready to submit if the claim involves a vendor.
- ✓ Please have the signed Participant Waivers ready if a claim involves someone who attended your function.
- ✓ Signed forms should be kept for a least five years.

To report an incident, distribute the completed Claim/Incident Report Form as follows:

- Email a copy to: California State PTA at insurance@capta.org.
- Email a copy to your district PTA president
- Retain one (1) copy for your files

TO REPORT A CLAIM (not just an incident):

- Email a copy to: PTAclaims@aim-companies.com
Or FAX to (214) 360-0802
- Email copy to all three (3) of the above.



Claim/Incident Report Form

Date: _____

Producer/Mailing Address:

AIM Association Insurance Management, Inc.

PO Box 742946

Dallas, TX 75374

1-800-876-4044 * FAX 214-360-0802

PTAClaims@aim-companies.com

Insured Information:

Name of Organization: _____		
Insured ID: _____	Policy Number: _____	
Address: _____	Council: _____	
City: _____	State: _____	Zip: _____

Person Reporting Claim:

Name: _____	Position: _____
Phone Number: _____	Email Address: _____

Type of Loss:

<input type="checkbox"/> Theft of money Was a police report filed? _____ If so, please include.
<input type="checkbox"/> Theft or Damage of property Was a police report filed? _____ If so, please include.
<input type="checkbox"/> Injury
<input type="checkbox"/> Other: _____

Witness Contact Information:

Witness Name: _____	Phone: _____
Email: _____	
Witness Name: _____	Phone: _____
Email: _____	

Occurrence:

Date: _____ Location: _____
Description of Occurrence: _____

Injured Party Information:

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____
Phone Number: _____ Email Address: _____
Description of Injury: _____

Cause of Accident: _____

If you have any photos or videos of the event, please provide them.

Additional Information:

Additional Questions

Should you have additional questions that we haven't answered in this Insurance Guide, please feel free to contact us through one of the ways listed below:



Association Insurance Management, Inc.

PO Box 742946

Dallas, TX 75374-2946

800-876-4044 or 214-360-0801

Fax: 214-360-0802

Email: capta@aim-companies.com

Website: www.aim-companies.com

This Insurance Guide is only a summary of policy coverage and in no way takes precedent over actual policy language. Your insurance policy, and not the information contained in this document, forms the contract between you and your insurance company. If there is a discrepancy or conflict between the information contained herein and your policy, your policy takes precedence. Certain coverages are not available in all states due to state insurance regulations. Certain coverage(s) may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds.

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.