2021-2022 Management Liability Program for Participating Members of the Pool & Hot Tub Alliance

**Effective Date**
2/15/2021 – 2/15/2022

**Carrier**
Great American

**Premium**
$450 (Paid by PHTA)

**Policy Details**
Limit: $1,000,000  ▶  Retention: $1,000 (each chapter would have its own limit & retention)
Directors & Officers Liability including Employment Practices Liability
Non-admitted Paper  ▶  Medical Malpractice Exclusion  ▶  Defense Costs not subject to the retention
Policy will be addressed & billed to PHTA- No Coverage for PHTA

If you would like to obtain coverage, please complete & submit this form to PHTA.

Association Name ____________________________________________________________

Association Address _________________________________________________________

**Warranty Statement**

ONLY COMPLETE THIS SECTION IF THE FIRST TIME PURCHASING COVERAGE FOR YOUR CHAPTER OR MORE THAN 30 DAYS AFTER POLICY EFFECTIVE DATE.

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.
   □ YES  □ NO

PERTAINING TO QUESTION 1, IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

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.
   □ YES  □ NO

IT IS UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

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, then your organization will be reviewed on an individual basis.

By _______________________________  Title _______________________________

SIGNATURE OF PRESIDENT OR EXECUTIVE DIRECTOR

Date _______________________________

You will be sent a Certificate of Liability Insurance once your application has been processed.

If you have any questions regarding this insurance policy, please feel free to contact our agent, Amy Miller, CIC, CISR at AHT Insurance directly (703)554-6269 or amiller@ahtins.com.

Please E-Mail Enrollment Form to:  Amy Cannon at acannon@phta.org