

Professional Liability Protection Program for Members of The National Treasury Employees Union (NTEU)

Coverage Highlights

Damages

The policy will pay all sums up to one million dollars (\$1,000,000), which you are obligated to pay as damages in suits based on acts, errors, or omissions committed in the performance of official duties.

Administrative Expense Coverage

The insurance company will provide counsel and pay cost of defense and monetary penalties arising out of disciplinary proceedings (including investigations), criminal proceedings (including investigations), and judicial sanction up to \$100,000 annually.

Coverages are provided by an AM Best "A" rated company and are summarized and subject to the terms, conditions and exclusions printed in the policy. Please refer to the policy form for specifics on coverages and limits. NTEU is in no way responsible for any such matters.

Premiums

This coverage has an annual renewal date of October 1. Premiums shown are annual premiums for coverage effective October 1, 2005.

GS Pay <u>Chart</u>	Annual <u>Premium</u>	Premium <u>Tax</u>	Total <u>Premium</u>
GS4	\$ 51	\$1.53	\$ 52.53
GS5	\$ 64	\$1.92	\$ 65.92
GS6	\$ 79	\$2.37	\$ 81.37
GS7	\$ 93	\$2.79	\$ 95.79
GS8	\$108	\$3.24	\$111.24
GS9	\$122	\$3.66	\$125.66
GS10	\$137	\$4.11	\$141.11
GS11	\$151	\$4.53	\$155.53
GS12	\$166	\$4.98	\$170.98
GS13	\$179	\$5.37	\$184.37
GS14	\$216	\$6.48	\$222.48
GS15	\$252	\$7.56	\$259.56

**Mail completed
application and check to:**

The Insurance Exchange
751 Rockville Pike, Ste 1A
Rockville, MD 20852

For more details visit our website:
www.tie-inc.com

Application for Professional Liability Protection Program for Members of NTEU

1. Name _____
Address _____
2. GS Grade Level _____ NTEU Membership # _____
3. Do you have knowledge of or information of any act, error or omission which might reasonably be expected to give rise to a claim against you?
YES _____ NO _____ If yes, please provide details:

4. Have any claims been made against you during the past three (3) years?
YES _____ NO _____ If yes, please provide details:

I hereby declare that the above statements are true and I have not suppressed or misstated any material fact and I agree that this application shall be the basis of the contract with the Company.

Signature _____ Date _____

Submitting this form does not bind the Applicant or the Company to complete this insurance.

- ◆ Make check payable to **The Insurance Exchange, Inc.**
- ◆ Send the exact premium – (Do not round to the nearest dollar)
- ◆ Visit our website for more details: www.tie-inc.com or call 800-346-1403