



EDUCATORS PROFESSIONAL LIABILITY INSURANCE

Registration Form

Name _____

Last 4 of Social Security # _____

Street _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (Cell) _____

Email _____

School _____

Visa MasterCard American Express Discover

Credit Card # _____

Expiration Date _____ Amount \$ _____

Signature _____

Office Use Only:

Cash \$ _____ Check # _____ \$ _____

Date Received: _____

Make Check payable to:

**Oklahoma Association of Career &
Technology Education**
4545 North Lincoln, Suite 159
Oklahoma City, OK 73105
405/525-8906

It is required by State Insurance Laws they we inform you of the premium breakdown of your elected professional liability insurance policy. If you have questions about the premium and/or association fees and taxes please contact us immediately. You also have the right to cancel your coverage with full return of the premium.

Summary of charges are:

Insurance premium per member \$26.00

Insurance Tax and Fees (6%) \$ 1.56

OkACTE Association Administrative Fee \$12.44

TOTAL \$40.00

Thank you for your support of this important membership service. The Oklahoma ACTE uses this program as an important fundraiser for the association/s expenses and services. This annual rate (\$40.00) is highly competitive for an individual Professional Liability policy.