

NATIONAL ASSOCIATION OF SPECIAL EDUCATION TEACHERS (NASET)

APPLICATION FOR EDUCATORS LIABILITY INSURANCE

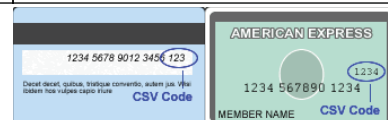
☐ I am a W-2 Employee (Regular Employee not an Independent Contractor) ☐ I am a 1099 Employee (Independent Contractor) If yes you are not eligible for this coverage.

Please accept this application for Educator's Liability Insurance and I: <i>(Choose from the options below)</i>		
<input type="checkbox"/> am a member of NASET	<input type="checkbox"/> want to join NASET (include membership fee)	<input type="checkbox"/> am applying for Educator's Liability Insurance only
Please Choose One of the Following Options:		
<input type="checkbox"/> NASET Member's Discounted Price - (\$115)	<input type="checkbox"/> Liability Insurance and Renew My NASET Membership - (\$150)	
<input type="checkbox"/> Educator's Liability Insurance and NASET Membership - (\$150)	<input type="checkbox"/> Educator's Liability Insurance Only - (\$175)	

For New NASET or Renewal Membership, Choose From One of the Following Membership Categories:		
<input type="radio"/> Special Education Teacher Membership	<input type="radio"/> Affiliate Membership (Other than Special Education Teacher)	<input type="radio"/> Professor Membership

Personal Data					
Name <input style="width: 95%;" type="text"/>	Home Phone <input style="width: 95%;" type="text"/>	Birthdate <input style="width: 95%;" type="text"/>			
Address <input style="width: 95%;" type="text"/>	Work Phone <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
City <input style="width: 15%;" type="text"/>	State <input style="width: 5%;" type="text"/>	Zip Code <input style="width: 10%;" type="text"/>			
School Name <input style="width: 95%;" type="text"/>	District Name <input style="width: 95%;" type="text"/>	Grades <input style="width: 95%;" type="text"/>			
Work Address <input style="width: 95%;" type="text"/>	Position <input style="width: 95%;" type="text"/>				
City <input style="width: 15%;" type="text"/>	State <input style="width: 5%;" type="text"/>	Zip Code <input style="width: 10%;" type="text"/>			
email <input style="width: 95%;" type="text"/>					
SSN <input style="width: 95%;" type="text"/>					

Method of Payment			
<input type="checkbox"/> Check (payable to NASET)	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> American Express
Amount Due <input style="width: 95%;" type="text"/>	Credit Card # <input style="width: 95%;" type="text"/>	Expiration Date mm/yy <input style="width: 95%;" type="text"/>	CSV Code (3 or 4 digits) <input style="width: 95%;" type="text"/>
<input type="checkbox"/> My Billing Address is the same as listed above, if not please fill in Billing Address below.			
Name on Card <input style="width: 95%;" type="text"/>			
Address <input style="width: 95%;" type="text"/>			
City <input style="width: 30%;" type="text"/>	State <input style="width: 5%;" type="text"/>	Zip Code <input style="width: 20%;" type="text"/>	



By Mail Send to:

NASET

**3642 E. Sunnydale Drive
Chandler Heights, AZ 85142**

OR

Via FAX: 800-424-0371