

PROFESSIONAL LIABILITY FOR EDUCATORS PROVIDER LIST DISCLOSURE FORM

In compliance with § 33-524, Idaho Code, the District is required to inform all employees of their options in regard to professional liability insurance for educators. A copy of the approved Professional Liability for Educators Provider List is available to all employees online at www.vallivue.org or contact the district office personnel department for a list.

In compliance with § 33-524(8), Idaho Code and by my signature below, I verify that I have been informed and received information regarding the professional liability insurance provider options, by the District, and I acknowledge that the District has disclosed to me the attached Professional Liability Insurance for Educators List, as required by statute. I further verify that the School District has not endorsed any provider, produce or service.

Employee Signature

Date

Employee Printed Name

In the interest of providing full information and disclosure relating to professional liability options, and meeting the purpose of providing accessible information about providers of professional liability insurance for educators, the District discloses, in accordance with the Idaho Tort Claims Act (Idaho Code 6-901 et. seq.) a governmental entity is required to provide a defense to its employees, including a defense and indemnification against any claims brought against the employee, in the employee's individual capacity, when the claims are related to the course and scope of employment, and be responsible for the payment of any judgment on any claim or civil lawsuit against an employee for money damages arising out of an act or omission within the course and scope of employment. (Idaho Code 6-903).

The District procures liability insurance, on an annual basis, which does include coverage for all employees and volunteers working within the course and scope of employment for the District.

**** This disclosure form must be returned to the district even if you choose not to purchase insurance to be kept for a period of three (3) years and shall be accessible to the public by request. Accordingly, this document may be placed in your personnel file or maintained in some other physical or electronic file. If you wish to purchase liability insurance, please complete the back side and return to Gina at the district office.**

PROFESSIONAL LIABILITY INSURANCE ENROLLMENT

Attached is a list of liability insurance providers. If you wish to purchase insurance from one of these companies, please contact the company and obtain information and rates. You will receive a membership contract from the insurance company. Return this completed form with a copy of the contract to the payroll department by the 10th of each month.

Printed Employee Name _____

Building _____

I authorize a monthly payroll deduction of \$ _____ for liability insurance with the company listed below:

Name: _____

Address: _____

Note: A minimum of 25 employees must be enrolled in any one company in order to list the company as a vendor in our payroll system. Please return form to Gina at the district office.

Signature

Date