

**DECLARATIONS**

EPO0000043  
Renewal of Number

**EDUCATORS PROFESSIONAL LIABILITY POLICY**

**Policy Number  
EPO0000046**

Underwritten by: National Casualty Company  
Home Office:  
One Nationwide Plaza • Columbus, Ohio 43215  
Administrative Office:  
8877 North Gainey Center Drive • Scottsdale, Arizona 85258  
1-800-423-7675 • A Stock Company

**ITEM 1. POLICYHOLDER AND MAILING ADDRESS**

MISSOURI STATE TEACHERS ASSOCIATION  
P.O. BOX 458  
COLUMBIA, MO 65205

**GENERAL AGENT NAME AND ADDRESS**

R-T SPECIALTY, LLC  
P.O. BOX 4479  
HOUSTON, TX 77210-4479

Agent No: 42511

**ITEM 2. POLICY PERIOD**

From: 07/01/2020

To: 07/01/2021

12:01 A.M. Standard Time at the address of the POLICYHOLDER as stated herein.

**ITEM 3. LIMITS OF LIABILITY:**

**Coverage A—Liability Coverage**

**Active Members:**

Per **INSURED**, per **OCCURRENCE**:..... \$ 2,000,000 \_\_\_\_\_

Per **INSURED**, per Policy Period..... \$ 3,000,000 \_\_\_\_\_

**Student Teachers:**

Per **INSURED**, per **OCCURRENCE**:..... \$ 2,000,000 \_\_\_\_\_

Per **INSURED**, per Policy Period..... \$ 3,000,000 \_\_\_\_\_

**Retired Teachers:**

Per **INSURED**, per **OCCURRENCE**:..... \$ 1,000,000 \_\_\_\_\_

Per **INSURED**, per Policy Period..... \$ 3,000,000 \_\_\_\_\_

Per **OCCURRENCE**..... \$ 3,000,000 \_\_\_\_\_

Annual Aggregate for all **Coverage A CLAIMS**: ..... \$ 25,000,000 \_\_\_\_\_

**Coverage B—Reimbursement of Attorney Fees**

**Criminal Action or Proceeding**

Per **CLAIM**, per **INSURED**: ..... \$ 35,000 \_\_\_\_\_

**Private Instruction**

Per **CLAIM**, per **INSURED**: ..... \$ 10,000 \_\_\_\_\_

Per **INSURED**, per Policy Period:..... \$ 10,000 \_\_\_\_\_

Annual Aggregate for all **Coverage B CLAIMS**: ..... \$ 1,000,000 \_\_\_\_\_

**Coverage C—Bail Bonds**

Per bail bond, per **INSURED**:..... \$ 5,000 \_\_\_\_\_

**Coverage D—Assault Related Personal Property Damage**

Per **INSURED**:..... \$ 5,000 \_\_\_\_\_