

**DECLARATIONS**

EPO0000048

**EDUCATORS PROFESSIONAL LIABILITY POLICY**

**Policy Number  
EPO0000049**

Renewal of Number

Underwritten by: National Casualty Company  
Home Office:  
One Nationwide Plaza • Columbus, Ohio 43215  
Administrative Office:  
18700 North Hayden Road • Scottsdale, Arizona 85255  
1-800-423-7675 • A Stock Company

**ITEM 1. POLICYHOLDER AND MAILING ADDRESS**

**GENERAL AGENT NAME AND ADDRESS**

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

R-T Specialty, LLC  
820 Gessner Road, Suite 1850  
Houston, TX 77024-4274

Agent No.: 42511

**ITEM 2. POLICY PERIOD**

From: 07/01/2022

To: 07/01/2023

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

**ITEM 3. LIMITS OF LIABILITY:**

**Coverage A—Excess 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 Aggerate 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 Aggerate 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 \_\_\_\_\_