

Subsequent billing should be forwarded directly to Myron F. Steves & Co.

Full Name of Association

MEMBER CLAIM

FOR ATTORNEY FEE REIMBURSEMENT (COVERAGE B)

TO: Myron F. Steves & Company
P.O. Box 4479
Houston, Texas 77210

FROM: _____ Attorney at Law

FIRM: _____ Tax ID# _____

NAME OF MEMBER: _____

LIST OTHER EDUCATOR ASSOCIATION MEMBERSHIPS: _____

DATE OF LOSS: _____
Attach Membership Verification for Date of Loss

ESTIMATED TOTAL COST: _____ *Please check one*
 Initial Interim Final

AMOUNT SUBMITTED: _____

TYPE OF CLAIM: _____

DESCRIPTION OF CLAIM: _____

PLEASE ATTACH ITEMIZED BILLING

Please email future billings directly to:

educlaims@myronsteves.com

FILING FOR REIMBURSEMENT
OF ATTORNEY FEES
EDUCATOR PROFESSIONAL LIABILITY POLICY

1. Include the exact date of the incident. This must be provided in order to verify that the member was insured prior to the date of the incident.
2. Include a brief explanation of the occurrence, how it is being handled and an estimate of the total cost to conclusion. If there is a question about coverage under the policy or what part of the policy is applicable see enclosed Summary.
3. Provide an itemized statement of charges billed. The billing should indicate if it is the first and final billing, or if it is the initial billing and subsequent billings will follow.
4. The final billing should include information of the outcome of the case.
5. Provide an Assignment Form signed by the member (enclosed)

If there are any questions, you may contact us at:

John Barclay Claims
512-374-4927
512-374-4927 fax

Claim information should be forwarded to:

Educator Claims
Myron F Steves & Co.
PO Box 4479
Houston, Texas 77210-4479
educlaims@myronsteves.com

800-635-4742
713-351-8342 fax

Lori Pack
Educator Liability Manager
lpack@myronsteves.com
713-351-8435

ASSIGNMENT FORM

FOR LEGAL SERVICES performed on my behalf and in my defense, I, _____
Name of Member

hereby assign to _____, Attorneys at Law, all my rights,
Name of Firm

title and interest in and to any and all sums of money to become due to me as a reimbursement of
attorney's fees for such services from _____
Name of Insurance Company

Under the Educators Professional Liability policy presently in force issued by the Company to the
_____ and covering me as a participating
Name of Association

member. The action requiring these services occurred on or about _____
Date of Loss

between me and the _____ School District.

Dated this _____ day of _____, 20____.

Member's Signature