

HOME SCHOOL SPORTS SOLUTIONS ACCIDENT MEDICAL AND GENERAL LIABILITY PROGRAM ENROLLMENT FORM

Accident Medical

All Sports – No Football

General Liability

Named Home School Group _____ HSPN Membership # _____
(to be shown on the certificate)

Contact Person _____ Title _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Website _____ Email _____

Effective Date _____ Expiration Date _____

Activity Start Date _____ Activity End Date _____

Check all sports to be covered

- baseball
 basketball
 cheerleading (played in conjunction with another sport)
 flag football
 golf
 soccer
 softball
 swimming
 tennis
 track
 volleyball
 lacrosse
 other _____ (tackle football not available – use tackle football application)

FULL EXCESS COVERAGE - All participants of a team, league or association must be covered.
 Accident Medical & General Liability coverage sold as a package. Coverages can not be purchased separately.

Classification	Estimated Number of Participants	X	Accident Medical Annual Rate	=	Premium by Classification
Players (ages 18 & under)	_____	X	\$ 4.00	=	_____
Coaches	_____	X	\$ 4.00	=	_____
Managers	_____	X	\$ 4.00	=	_____
Volunteers	_____	X	\$ 4.00	=	_____
Total Accident Medical Participant Premium*:					_____
<small>(*Subject to \$150.00 Minimum Premium)</small>					

Classification	Estimated Number of Participants	X	General Liability Rate	=	Premium by Classification
Players (ages 18 & under)	_____	X	\$ 4.00	=	_____
Coaches	_____	X	\$ 4.00	=	_____
Managers	_____	X	\$ 4.00	=	_____
Volunteers	_____	X	\$ 4.00	=	_____
General Liability (GL) Participant Premium:					_____
REQUIRED - Terrorism Coverage: GL Premium \$ _____ x \$0.03 =					_____
<small>(Terrorism Coverage Premium)</small>					
Total GL Participant Premium** =					_____
<small>(**Subject to \$257.50 Minimum Premium. Includes premium charge for Terrorism Coverage.)</small>					

Are you contractually obligated to name any organization as additional insured under the General Liability? If so, complete the following:

<u>Additional Insured Name (additional fee charged***)</u>	<u>Complete Address</u>	<u>Relationship to you</u>

***Additional Insured Certificates – Each Additional Insured Certificate is \$35.00.

NOTE: If the Named Insured owns the premises/facility the General Liability coverage applies to athletic participants/attendees/spectators only. It is our suggestion that a separate General Liability policy be purchased to provide the premises coverage. Also, the General Liability policy does not provide coverage for contents, equipment or other misc. items. A separate policy should be obtained to insure these items. For ALL activities Waiver and Release Forms are required for Participant Liability Coverage to be in effect. Waiver and Release Forms will be requested at time of claim. Forms are attached.

Prior Insurance Information: Provide minimum three years information.

<u>Year</u>	<u>Company</u>	<u>Type of Claim</u>	<u>Claim Amount</u>

Include three years prior insurance company loss information, a copy of your facility contracts and waiver when submitting the form.

Total Accident Participant Premium Due (*Minimum Premium = \$150.00)	=	_____
Total Liability Participant Premium Due (**Minimum Premium = \$257.50)	=	_____
Additional Insured Certificates (***\$35.00 per certificate)	=	_____
Policy Administration Fee	=	\$ 25.00
Total Premium Due	=	_____

Make checks payable to Special Markets and send to Home School Sports Solutions c/o NCG Insurance, 25 Greenway Drive SW, Leesburg, VA 20175.

We hereby enroll in the Accident Medical and General Liability coverages as described at www.homeschoolsportssolutions.com.

PARTICIPATION IN TRUST (For Accident Medical Coverage): We understand and acknowledge that by enrolling for this insurance coverage, we are agreeing to participate in the Home School Program under the Youth Group Insurance Trust. We understand that we must abide by the terms and conditions of the Trust. We also understand that a copy of the Trust will be provided to us at our request.

Signature of Official Authorized to Contract for Home School Sports Insurance

Date of Request

All above information requested is required for policy issuance. The licensed appointed agent is required to complete the section below. Policies can not be issued without the required information being completed.

Local/Regional Licensed Agency

Agency Name: _____	License Number: _____
Agent Name (Printed): _____	Agent Address: _____
City, State, Zip: _____	Phone Number: _____
Signature: _____ (Licensed Agent)	Date: _____
Email Address: _____	Agency Number: _____