

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

Accident Medical

Tackle Football Only

General Liability

Named Insured _____
(to be shown on policy declarations page)

HSPN Membership ID # _____

Contact Person _____

Title _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Website _____ **Email** _____

Effective Date _____ **Expiration Date** _____

Activity Start Date _____ **Activity End Date** _____

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		Accident Medical Annual Rate	=	Premium by Classification
Players (ages 18 & under)	_____	X	\$ 15.00	=	_____
Coaches	_____	X	\$ 15.00	=	_____
Managers	_____	X	\$ 15.00	=	_____
Volunteers	_____	X	\$ 15.00	=	_____
			Total Participant Premium**:		_____
(*Subject to \$150.00 Minimum Premium)					

Classification	Estimated Number of Participants		General Liability Annual Rate	=	Premium by Classification
Players (ages 18 & under)	_____	X	\$ 6.00	=	_____
Coaches	_____	X	\$ 6.00	=	_____
Managers	_____	X	\$ 6.00	=	_____
Volunteers	_____	X	\$ 6.00	=	_____
			Total Participant Premium**:		_____
(**Subject to \$550.00 Minimum Premium)					

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.

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 = \$550.00)	=	_____
Additional Insured Certificates (= ***\$35.00 per certificate)	=	_____
Policy Administration Fee	=	\$ 25.00
Total Premium Due	=	_____

Make checks payable 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.

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: _____