

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

## Accident Medical

## TOURNAMENTS

## General Liability

**Named Insured** \_\_\_\_\_  
(to be shown on policy declarations page)

**HSPN Membership #** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Title** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Website** \_\_\_\_\_

**Email** \_\_\_\_\_

**Effective Date** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ January 1, 2010 \_\_\_\_\_

**Activity Start Date** \_\_\_\_\_

**Activity End Date** \_\_\_\_\_

**Check all sports to be covered**

- baseball  
  basketball  
  cheerleading  
  flag football  
  golf  
  soccer  
  softball  
 swimming  
  tennis  
  track  
  volleyball  
  other \_\_\_\_\_ (tackle football not available – use other 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		Accident Medical Annual Rate	=	Premium by Classification
Players (ages 18 & under)	_____	X	\$ 1.00	=	_____
Coaches	_____	X	\$ 1.00	=	_____
Managers	_____	X	\$ 1.00	=	_____
Volunteers	_____	X	\$ 1.00	=	_____
			Total Participant Premium*:		_____
<small>(*Subject to \$150.00 Minimum Premium)</small>					

Classification	Estimated Number of Participants		General Liability Annual Rate	=	Premium by Classification
Players (ages 18 & under)	_____	X	\$ 2.00	=	_____
Coaches	_____	X	\$ 2.00	=	_____
Managers	_____	X	\$ 2.00	=	_____
Volunteers	_____	X	\$ 2.00	=	_____
			Total Participant Premium**:		_____
<small>**Subject to \$350.00 Minimum Premium)</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.

**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.**

<b>Total Accident Participant Premium Due</b> (*Minimum Premium = \$150.00)	=	_____
<b>Total Liability Participant Premium Due</b> (**Minimum Premium = \$350.00)	=	_____
<b>Additional Insured Certificates</b> (**** \$35.00 per certificate)	=	_____
<b>Policy Administration Fee</b>	=	<b>\$ 25.00</b>
<b>Total Premium Due</b>	=	_____

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](http://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: _____