

HOME SCHOOL ACCIDENT MEDICAL & GENERAL LIABILITY PROGRAM ENROLLMENT FORM FOR HSLDA NON DISCOUNT SUPPORT GROUPS

Accident Medical

General Liability

Name of Support Group: _____
(please type or print)

Insurance Contact Name: _____ Title: _____

Address: _____ E-mail Address: _____

City: _____ State: _____ Zip Code: _____

Policy Effective Dates: _____ * to _____ Telephone Number: () _____

(*This will be the effective date if enrollment form and premium are received by that date.) FAX Number: () _____

FULL EXCESS COVERAGE - All students must be covered.
Sports are not 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
Ages 5 & under	_____	X	\$ 3.60	=	_____
Ages 6 - 13	_____	X	\$ 6.00	=	_____
Ages 14 - 18	_____	X	\$ 14.40	=	_____
Non-Employee Teachers	_____	X	\$ 9.60	=	_____
Volunteers	_____	X	\$ 4.80	=	_____
Total Accident Medical Participant Premium**:					_____
(**Subject to \$150.00 Minimum Premium)					

Classification	Estimated Number of Participants		General Liability Annual Rate	=	Premium by Classification
Ages 5 & under	_____	X	\$ 3.00	=	_____
Ages 6 - 13	_____	X	\$ 3.00	=	_____
Ages 14 - 18	_____	X	\$ 3.00	=	_____
Non-Employee Teachers	_____	X	\$ 3.00	=	_____
Volunteers	_____	X	\$ 3.00	=	_____
General Liability (GL) Participant Premium:					_____

REQUIRED - Terrorism Coverage: GL Premium \$ _____ x \$0.03 = _____
(Terrorism Coverage Premium)

Total GL Participant Premium*** = _____
(***Subject to \$309.00 Minimum Premium. Includes premium charge for Terrorism Coverage.)

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 – First 2 issued at no charge. Each Additional Insured Certificate thereafter 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 = \$309.00)	=	_____
Additional Insured Certificates (****\$35.00 per certificate-after 1 st two)	=	_____
Policy Administration Fee	=	\$ 25.00
Total Premium Due	=	_____

Make checks payable to Special Markets and **send to Home School Insurance 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.homeschoolinsurancesolutions.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 the Home School

Date of Request

The Home School Legal Defense Association (HSLDA) does not assume any of the insurance risk provided by the Accident Medical and General Liability Carrier, HSLDA is not involved in the administration of these plans including premium collection or adjudication of claims.

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: _____ <small>(Licensed Agent)</small>	Date: _____
Email Address: _____	Agency Number: _____