

TEXAS HOME SCHOOL COALITION

Accident Medical and General Liability Insurance Program

Exclusively Designed for Homeschool Groups and Organizations Partnered with THSC

Covering Students, Sports, Activities and Events



THSC Association has worked with strong, experienced insurance companies to set up a program with accident medical and general liability coverage for Texas homeschool groups that have become [THSC Partner Groups](#). To be a partner group, a support group (or another type of group, such as a homeschool co-op, sports league, etc.) must have partnered with THSC Association and agreed to the [THSC Partner Group terms](#). In today's litigious society, homeschool groups and their leaders are wise to ensure that they have this type of coverage in case an unforeseen incident occurs.

Do you need the benefits of THSC Partner Groups, including access to group liability insurance? To partner with THSC and obtain access to leadership benefits, [apply today!](#)

Three Programs to Meet Your Needs!

Recurring Non-Sports Activities (not residence-based)

This program has been designed to cover all registered participants of a THSC Partner Group who attend regularly scheduled activities, including classes outside the home, weekly get-togethers, field trips to libraries and museums, etc.

Eligibility

All THSC Partner Groups engaging in non-sport activities that are regularly scheduled and that are not residence-based are eligible to obtain coverage for all registered participants of the group who attend their activities.

Coverage

Each THSC Partner Group must cover 100% of the group's members who are eligible to participate in any of the non-sports activities included in the policy. Coverage for each THSC Partner Group will begin on the date of acceptance or on the date requested, whichever is later, subject to the group's payment of the required premium.

Sports Activities

This program has been designed to cover all registered participants of a THSC Partner Groups who participate in affiliated sports, such as baseball, basketball, cheerleading, flag football, etc.

Eligibility

All THSC Partner Groups that desire coverage for specific sports, such as baseball, basketball, cheerleading and other such sports, are eligible to obtain coverage for all registered participants in their group.

Coverage

Each THSC Partner Group must cover 100% of persons participating in a sport for their group.

Individual Activities & Events

This program is designed for any events held by THSC Partner Groups that are not regularly scheduled. Covered is any event put on by the group that is not regularly scheduled (scheduled events include annual bake sales, school car washes, fundraisers, etc.) and that includes staff, personnel, students or parents. This also covers all registered participants of a THSC Partner Group attending group-sponsored events such as conferences, seminars and leadership events.

Eligibility

All THSC Partner Groups that desire coverage for a specified activity or event are eligible to obtain coverage for all registered participants.

Coverage

Participation of 100% of all eligible persons attending an event is required for each THSC Partner Group enrolling in event coverage. The individual coverage for each THSC Partner Group's event will begin on the date of acceptance or on the date requested, whichever is later, subject to payment of the required premium.

ACCIDENT MEDICAL COVERAGE

TYPICAL SCHEDULE OF BENEFITS*

CARRIER: Determination of carrier will depend on the needs of the group

Typical Medical Expense Benefits (can vary depending on carrier used):

Total maximum for all Accident Medical Expense Benefits: \$25,000

Initial treatment received must be within 30 days of injury

Benefit Period: 1 year

Corridor Deductible: \$100

Policy Term: Annual

Covered Expense: Benefit Amount, Percentage, Other Limits Based on the Reasonable & Customary Charges within the Geographical Area

Dental Services: 100% of reasonable expenses (covers injuries to sound, natural teeth)

Orthopedic Appliances: 100% of reasonable expenses

Physical Therapy: 100% of reasonable expenses

***Note: This is just a brief description of the program being offered. Every benefit may not be listed above. In all instances, the coverage quoted to the group shall determine all coverages, limitations and exclusions.**

GENERAL LIABILITY COVERAGE

TYPICAL SCHEDULE OF BENEFITS*

CARRIER: Determination of carrier will depend on the needs of the group

Policy Term: Annual

General Used Aggregate: \$2,000,000

Products/Completed Operations: \$2,000,000

Personal & Advertising Injury: \$1,000,000

Each Occurrence: \$1,000,000

Fire Damage (any one fire): \$100,000-300,000 (varies depending on carrier used)

Medical Expense (any one person – Spectator Coverage): \$5,000-\$10,000 (varies depending on carrier used)

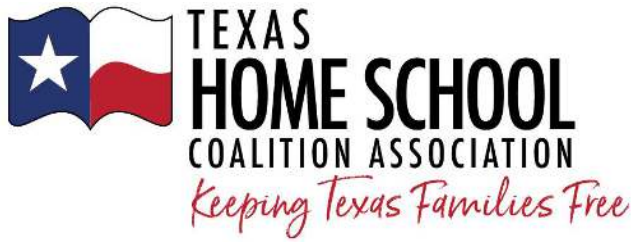
Optional Coverage that may be available: Abuse and Molestation, Umbrella Liability

Director and Officer Liability are also available as a separate policy!

Common Exclusions:

Assault & Battery, Corporal Punishment, Abuse/Molestation, Asbestos, Discrimination, Nuclear Energy, Total Pollution, Total Fireworks/Pyrotechnics, Employment Related Practices, Collapse of Temporary Structure, Lead Liability, Stunt Activity, Use of Trampolines, Cheerleading Pyramids, Use of Saunas or Tanning Devices, Polo, Skin & Scuba Diving, Squash, Snow Skiing, Water Skiing, Whitewater Rafting, Bungee Jumping, Mountain Climbing, Rock Climbing, Motorsports, Rodeo or any Equestrian Related Sports, Waterslides, Ballooning, Parachute Jumping, Luge, Tobogganing, Gymnastics, Punitive Damages, Mechanical Riding Devices, Tackle Football.*

***Note: This is just a brief description of the coverage being offered. Every benefit may not be listed above. In all instances, the coverage quoted to the group shall determine all coverages, limitations and exclusions.**



**Texas Home School Coalition Association
Request for Accident Medical & General Liability for Support Group Students, Sports & Events**

Name of Support Group: _____

Contact Name: _____ Title: _____

Email address: _____ Phone: _____

Address: _____

Requested Effective Dates*: _____ to _____ Approval code (from THSC leader page): _____

***The Policy will not be Effective until enrollment form is received and approved by the Underwriting Carriers and until enrollment form and deposit Minimum Premiums are received by that date. Additional Premium may be due upon approval of the Underwriting Carrier.**

STUDENT & VOLUNTEER INFORMATION

Classification	Estimated number of participants
Non-sports activities (non-residence based)	
Ages 5 & under	_____
Ages 6-13	_____
Ages 14-18	_____
Non-employee teachers	_____
Volunteers	_____

Sports Activities – Check all sports to be covered:
 baseball basketball cheerleading flag football softball swimming
 soccer tennis volleyball track other _____ (tackle football not available)

Players (ages 18 & under) _____
 Coaches _____
 Managers _____
 Volunteers _____

Activities (list each individually):

Event	Start date:	End date:	Est # of persons
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Minimum Premiums will be charged. Accident Medical: \$200.00, General Liability: \$350.00, Total: \$550.00. **Premiums will be calculated and an invoice sent within 24 hours of receipt of above information, provided the information is accepted by the Insurance Carriers. Payment will be due within 10 days of acceptance of the program and will be required prior to the issuance of any certificate.**

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

Additional insured name (additional fee charged***)	Completed address	Relationship to you

***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 miscellaneous items. A separate policy should be obtained to insure these items.

Prior insurance information: Provide minimum three years information

Year	Company	Type of Claim	Amount of Claim Paid

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

Signature of official authorized to contract for the group	Date of Request
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The Texas Home School Coalition Association (THSC) does not assume any of the insurance risk provided by the Accident Medical and General Liability Carrier. THSC is not involved in the administration of these plans, including premium collection or adjudication of claims.

All information requested is required for policy issuance. Policies can not be issued without the required information being completed. Completion of information does not automatically guarantee that a policy will be issued. Should the information received require the insurance carrier to decline to provide coverage, a full refund of monies submitted will be made.

Local / Regional Licensed Agency

Agency name: <u>Ballmann Enterprises, Inc.</u>	License #: <u>714565</u>
Agent name (print): <u>Ray Ballmann</u>	Agent address: <u>474 CR 2965, Kopperl, TX 76652</u>
Signature: _____	Phone number: <u>817-648-5392</u>
Email address: _____	Proposal number: _____

For office use only:
PREMIUM RATE CALCULATION

Classification	Estimated number of Participants	Accident Medical Premium Rate	General Liability Premium Rate	Premium Due (total)
Ages 5 & Under	_____	x _____ +	x _____ = _____	
Ages 6-13	_____	x _____ +	x _____ = _____	
Ages 14-18	_____	x _____ +	x _____ = _____	
Non-employee teachers	_____	x _____ +	x _____ = _____	
Volunteers	_____	x _____ +	x _____ = _____	
Total due:			_____	*

*Subject to \$550 minimum premium (\$200 Accident Medical / \$350 General Liability)

Make checks payable to: Special Markets Insurance Consultants
 Mail to: Special Markets Insurance Consultants - for THSC Groups
 1055 Main Street Ste 101
 Stevens Point, WI 54481