



# **TEXAS HOME SCHOOL COALITION**

## **Accident Medical and General Liability Insurance Program**

**Exclusively Designed for  
Home School Groups and Organizations Affiliated  
with THSC**

**Covering Students, Sports, Activities and Events**



*Responding to groups from across the state that have expressed a need and had difficulties fulfilling that need, THSC Association has worked with strong, experienced insurance companies to set up a program for accident medical and general liability coverage for Texas home school groups. In today's litigious society, home school groups and their leaders are wise to be sure that they have this type of coverage "just in case..."*

*THSC Association now has an umbrella for affiliated groups. To be an affiliated group, a support group (or an activity group, such a Boy Scout group, co-op, sports league, etc.) must have at least 10 member families who are also members of THSC Association.*

## **THREE PROGRAMS TO MEET YOUR NEEDS!**

### **Non-Sports Activities (not residence-based)**

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

#### **Eligibility**

All THSC Affiliated Groups that desire regularly scheduled non-sport activities that are not residence-based are eligible to obtain coverage for all registered participants of a THSC Affiliated Group who attend their activities.

#### **Coverage**

Each THSC Affiliated Group must cover 100% of their members who are eligible to participate in any one of the activities covered under the non-sports activities coverage. The individual coverage for each THSC Affiliated Group will begin on the date of acceptance or on the date requested, whichever is later, subject to payment of the required premium.

### **Sports Activities**

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

#### **Eligibility**

All THSC Affiliated Groups who desire coverage for specified sports, such as baseball, basketball, cheerleading and other such sports, are eligible to obtain coverage for all registered participants who participate.

#### **Coverage**

Each THSC Affiliated Group must cover 100% of all persons participating in a sport for a THSC Affiliated Group.

### **Activities & Events**

This program is designed for any non-regularly scheduled events held by the THSC Affiliated Group. Any event that is put on by the group that includes staff, personnel, students or parents that is not a regularly scheduled event in the group's schedule, such as annual bake sales, school car washes, fund raisers, etc. This also covers all registered participants of a THSC Affiliated Group attending group-sponsored events such as conferences, seminars and leadership events.

#### **Eligibility**

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

#### **Coverage**

Participation of 100% of all Eligible Persons attending an event is required for each THSC Affiliated Group enrolling for event coverage. The individual coverage for each THSC Affiliated 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  
SCHEDULE OF BENEFITS**

**CARRIER**

**Madison National Life Insurance Company**

**Medical Expense Benefits**

Total Maximum for all Accident Medical Expense Benefits	\$25,000
First Covered Expenses must be Incurred within	60 days after a Covered Accident
Benefit Period	52 weeks from the date of the Covered Accident
Deductible	\$100 applies to each Covered Accident
Policy Term	Annual

**Covered Expense**

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

**In-Patient Hospital Services**

Daily In-Hospital Benefit	100% of the average semi-private room rate
Outpatient Hospital Services	100% of Covered Expenses

**Physician Services**

Surgery Benefit	100% per procedure
Physician's Surgical Facilities	100% per procedure
Second Opinion or Consultation	100%
Anesthesia Benefit	20% of the Surgical Benefit
Inpatient Visits	100%
Office Visits	100%

**Outpatient X-ray**

100%

**Outpatient Physiotherapy**

100%

**Ambulance Services**

100%

**Medical Services and Supplies**

100%

**Dental Services**

100%

**Prescription Drugs**

100%

**Accidental Death & Dismemberment**

\$10,000

**Note: This is just a brief description of the program being offered. In all instances the Master Policy as issued to the group shall determine all coverages, limitations and exclusions.**

**GENERAL LIABILITY COVERAGE  
SCHEDULE OF BENEFITS**

**CARRIER**

**Capitol Specialty Insurance Corporation\***

General 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
Medical Expense (any one person – Spectator Coverage)	\$ 5,000
Deductible per Claim	\$ 500
Policy Term	Annual

**Inclusions/Program Highlights**

Occurrence-Form Policy  
Coverage Included for Claims by Athletic Participants (must have accident medical also in place)  
No Master Policy Aggregate Limit of Coverage

**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, Watewater 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\*.

\*Coverage may be available by alternate carrier. Completed enrollment form needed to provide alternate insurance program quote.

**Note: This is just a brief description of the program being offered. In all instances the Master Policy as issued to the group shall determine all coverages, limitations and exclusions.**



**TEXAS HOME SCHOOL COALITION ASSOCIATION  
REQUEST FOR ACCIDENT MEDICAL AND GENERAL LIABILITY FOR SUPPORT GROUP  
STUDENTS, SPORTS AND EVENTS**

Name of Support Group: \_\_\_\_\_

Membership Number in THSC: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Requested Effective Dates\*: \_\_\_\_\_ to \_\_\_\_\_

**\*The Policy will not be Effective until enrollment form is received and approved by the Underwriting Carriers and 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 & Events (List each individually)**

**Event**

**Start Date**

**End Date**

**Estimated No.  
of Persons**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Minimum Premiums will be charged\*\*. Accident Medical \$200.00 General Liability \$350.00 or 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 additional insured under the General Liability? If so, complete the following:

**Additional Insured Name (additional fee charged\*\*\*)      Complete 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 misc. 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 Home School** \_\_\_\_\_  
**Date of Request**

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

Local/Regional Licensed Agency	
Agency Name: <u>Ballmann Enterprises, Inc.</u>	License Number: <u>714565</u>
Agent Name (Print): <u>Ray Ballmann</u>	Agent Address: <u>474 CR 2965</u>
City, State, Zip: <u>Kopperl, TX 76652</u>	Phone Number: <u>(817) 648-5392</u>
Signature: _____ (Licensed Agent)	Date: _____
Email Address: _____	Proposal Number: _____

**For Office Use Only:**

**PREMIUM RATE CALCULATION**

Classification	Estimated Number Of Participants	Accident Medical Premium Rate	+	General Liability Premium Rate	=	Total Premium Due
Ages 5 & Under	_____	X _____	+	X _____	=	_____
Ages 6 – 13	_____	X _____	+	X _____	=	_____
Ages 14-18	_____	X _____	+	X _____	=	_____
Non-Employee Teachers	_____	X _____	+	X _____	=	_____
Volunteers	_____	X _____	+	X _____	=	_____
<b>Total Due:</b>					_____	*

**\*Subject to \$550 Minimum Premium (\$200 Accident Medical, \$350 General Liability)**

**Make checks payable to: Special Markets Insurance**

**Mail to:** THSC Insurance c/o Special Markets  
 2615 Post Road  
 Stevens Point, WI 54481

Questions: Please call us at (817) 648-5392. Be sure to have your THSC Group Number ready. If you do not have your Group number, contact the THSC at (806) 744-4441.