

ACCIDENT MEDICAL & GENERAL LIABILITY ENROLLMENT FORM FOR CLASSICAL CONVERSATIONS PRACTICUM DAY CAMPS

(please type or print)

Name of Area or Support Representative or Director: _____
dba Classical Conversations Practicum Day Camp

Authorized Contact Name: _____ Title: _____

Mailing 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: (____) _____

Please confirm the Area or Support Representative or Director to be insured has separate liability insurance for their business. Yes No

Please confirm that two adults will be present for any nursery services provided during the practicum. Yes No

FULL EXCESS COVERAGE - All practicum day camps and participants must be covered.
Sports are not covered.

Accident Medical & General Liability coverage sold as a package. Coverages cannot be purchased separately.

Accident Medical Coverage: ♦ \$25,000 Accident Medical Maximum Per Accident ♦ \$0.00 Deductible ♦ Full Excess

General Liability Coverage: ♦ \$1,000,000 Each Occurrence ♦ \$3,000,000 General Aggregate

The rate is computed for each participant of the day camp, including children in nursery services, if provided.
Example shown below in first row. (# of Participants x Rate)

Camp Location	Camp Date	Number of Participants	Accident Medical Rate (per person)	Total Accident Medical Premium (A)	General Liability Rate (per person)	Total General Liability Premium (B)
(Example) 1234 Any St. Anywhere, VA 11111	06/15/2021	60	\$0.24	(60 x \$0.24) \$14.40 (A)	\$0.55	(60 x \$0.55) \$33.00 (B)
			\$0.24		\$0.55	
			\$0.24		\$0.55	
			\$0.24		\$0.55	
			\$0.24		\$0.55	
			\$0.24		\$0.55	

If more than 6 camps, print additional page.

Total for all camps (A)\$ _____ (B)\$ _____

*(A) Subject to \$100 Minimum Premium (B) Subject to \$150.00 Minimum Premium

*If the total premium for coverage is less than the listed minimum premium, the minimum premium for the coverage will be due.

Is coverage needed for any of the following activities? Yes No

If yes, please check the activity you need coverage for:

- Amateur Racing Of Any Motor Vehicle by Water or Land Base Jumping Boating - Motor Boating, Whitewater Rafting/Kayaking, Ocean Boating/Kayaking, Water Skiing, Tubing, Wakeboarding BMX biking Boxing
 Bungee Jumping Diving Events Greater than 500 Attendees Fireworks Hang Gliding
 Highway Clean Up Kickboxing - full contact Martial Arts - full contact Motorcycling Mountain Biking
 Mountain Climbing Off Road Vehicles (ATVs, UTVs, Dirt Bikes, Snowmobiles, Go-Carts, Motorcycles) Parachuting Parasailing Piloting any Aircraft Riflery, Firearms, Hunting (Hunting or Shooting Events) Rodeo (Participation) Scuba Diving Skydiving Snow or Water Skiing Snowboarding and Skiing (other than Cross Country)
 Spelunking Sports Leagues Surfing Tanning Whitewater Rafting Wilderness Trips Zip Lining

Coverage cannot be bound for the following activities: Boxing, Fireworks, Riflery, Firearms, Hunting (Hunting or Shooting Events), Skydiving and Tanning.

All other activities must have further underwriter review. This may cause a delay in your application and additional premium may be required. Coverage cannot be bound until your quote is released.

Do you need a Certificate of Insurance because you are 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.

Total Accident Medical Premium Due (*Minimum Premium = \$100.00)	=	_____	(A)
Total General Liability Premium Due (*Minimum Premium = \$150.00)	=	_____	(B)
Additional Insured Certificates (**\$35.00 per certificate-after 1 st two)	=	_____	
Policy Administration Fee	=	\$ 25.00	
Total Premium Due	=	_____	

Make check payable to and remit application and premium to:
 Special Markets Insurance Consultants, Inc.
 1055 Main Street, Suite 101
 Stevens Point, WI 54481

Payment may also be made by credit card or eCheck
 Credit Card: Call 1-800-727-7642 ext 6121
 Service charge of 2.9% + \$0.30 transaction fee added by payment processor.
 eCheck: Call 1-800-727-7642 ext 6121
 \$2.99 flat service charge added by payment processor.

We hereby enroll in the Accident Medical and General Liability coverages as described at www.homeschoolinsurancesolutions.com.

 Signature of Official Authorized to Contract for the Representative

 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 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: <u> NCG Insurance Agency, Inc. </u>	License Number: <u> NPI#2224019 </u>
Agent Name (Printed): <u> Tina M. Crawford, CIC, CISR </u>	Agent Address: <u> 25 Greenway Dr. SW </u>
City, State, Zip: <u> Leesburg, VA 20175 </u>	Phone Number: <u> 800-456-6624 Option 3 </u>
Signature: <u> <i>Tina M. Crawford</i> </u>	Date: _____
(Licensed Agent) Email Address: <u> homeschoolsupport@ncginsurance.com </u>	Agency Number: <u> 0411 </u>