

## **HOW TO APPLY FOR INSURANCE COVERAGE FOR YOUR CLASSICAL CONVERSATIONS COMMUNITY**

- 1) **Accessing the Application:** Visit our website [www.homeschoolinsurancesolutions.com](http://www.homeschoolinsurancesolutions.com) to access the Classical Conversations Communities application form. The application is a live on-line form, and will calculate the rates for you before you submit the application. You will know the exact premium due before you submit the application! If for any reason you would prefer to complete a paper application, please send your request to [homeschoolsupport@ncginsurance.com](mailto:homeschoolsupport@ncginsurance.com) and we will forward it to you promptly.
- 2) **Required Information:** Prior to completing the application, you will need to gather the following information:
  - a. **The name of your Classical Conversations licensed Community**, along with the **Authorized Contact** (or Director), mailing address, email, and phone number. Multiple Directors operating within the same Community may be insured together on the same policy (i.e. Foundations/ Essentials/Challenge). However you should decide which Director will be the main point of contact for insurance purposes and have him/her complete the application.
  - b. The **total number of enrolled students** for the entire program.
    - i. If a student is enrolled in more than one class, he/she only need to be entered once under the highest level class attended.
    - ii. There is no need to project numbers for future possible enrollment as students may be added to the policy at any time during the year. Please provide actual current enrollment.
    - iii. If at any time your student numbers increase by more than 10%, simply send your request to: [homeschoolsupport@ncginsurance.com](mailto:homeschoolsupport@ncginsurance.com) to update your policy and determine how much additional premium may be due.
  - c. **Total number of non-employee tutors** used for the entire Community.
  - d. **Total number of volunteers** (typically parents) used for the entire Community.
- e. **Total number of licensed non-employee Directors** that operate within the Community.

All fields marked with a red asterisk must be completed. The blue box in the upper right hand corner will tell you if you have missed any.
- 3) **Finalizing your Application:** Upon completion of all required fields, a "Click to Sign" button will appear at the bottom of the screen. Once you click that button, a confirmation email will be sent to the address provided on the application.
  - a. You must validate the email address by following the instructions on the email in order to finalize the submission of your application.
- 4) **Cost of Insurance:** The minimum premium for this policy is \$335 annually, but your actual premium may be higher depending upon the total number of participants.
- 5) **Payment Options:** We accept check or credit card
  - a. If you choose to pay by credit card, please complete the information on the Payment Options page (3) and sign in two places. You will not need to mail us anything!
  - b. If you choose to pay by check, please complete the top portion of the Payment Options page, print out page 3 only, and mail it with your payment to the address shown on the top of the form. To expedite processing of your application, you may also fax (or email) a copy of your check with this form to 1-800-466-0026. Otherwise your application will be delayed until receipt of your check. **Please make checks payable to: Special Markets Insurance Consultants, Inc.**
- 6) **Effective Date of Coverage:** Your policy will be effective the same day we receive payment, however it may take up to 10 business days for your policy documents to be sent to you via email. Your completed application constitutes temporary proof of coverage.
- 7) **Policy Term:** The policy term is for 12 months beginning from the effective date of coverage. We do not offer short term policies at this time. The policy will transfer should a new director take over the community mid-term, and the policy will continue for the remainder of the 12 month term.
- 8) **Renewing Your Coverage:** An updated application is due every 12 months, and you will be notified via email approximately 30 days in advance of your renewal date. There is a 30-day grace period should you forget to renew, or need more time to collect dues.