



National Home School Insurance Request For Quote

Instructions to obtain a Quote:

- 1. Complete form entirely to receive a quote. If the form is not completed, additional information will have to be attained before quoting.
2. Save completed form to your computer
3. Please send this form to: Email: smic_information@amwins.com, Fax: (715) 344-6126
Or mail to: Special Markets Insurance Consultants, Inc., 1055 Main Street, Suite 101, Stevens Point, WI 54481
Phone: (800) 727-7642

Request for quote form must be completed and returned for underwriter review. Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. Payment of premium is required to bind coverage.

Account Information:

Named Home School Group

Physical Address Email

City State Zip

Fax Website

Mailing Address

Contact Person Title Phone

Effective Date Expiration Date

Activity Start Date Activity End Date

Does this group belong to a homeschool association or organization? If so, which one?

FEIN / EIN Does your home school have state accreditation? Yes No

Coverage Requested: Accident Medical Coverage \$25,000 Accident Medical Maximum \$0.00 Deductible Full Excess
General Liability Coverage \$1,000,000 Each Occurrence \$2,000,000 General Aggregate
(If General Liability Coverage is checked, accident coverage is required and Section D must be completed.)

SECTION A - Non-Sport Activities Underwriting Information (Day Field Trips are included)

Table with 2 columns: Non-Sports Activities (non-Residence Based) and Estimated Number of Participants. Rows include Non-Student Childcare, Enrolled Students Ages 4 - 18, Non-Employee Teachers, and Volunteers.

Activities (List each individually)
Number of Meetings per Week

Table with 4 columns: Non-Classroom Activities Scheduled Throughout the Year, Start Date, End Date, and Estimated No. Of Persons. Includes four rows for data entry.

**SECTION B – Sports Team Underwriting Information (if covering football please specify whether it's flag, touch or tackle)
Number of Participants Per Sport / Activity:**

<u>Sport / Activity</u>	<u>Basketball</u> Example	<u>Soccer</u> Example	<u>Other/ Specify</u>	<u>Other/ Specify</u>	<u>Other/ Specify</u>	<u>Other /Specify</u>	<u>Other /Specify</u>
12 & Under	_____	_____	_____	_____	_____	_____	_____
13 – 15	_____	_____	_____	_____	_____	_____	_____
16 – 18	_____	_____	_____	_____	_____	_____	_____
19 & Older	_____	_____	_____	_____	_____	_____	_____
Volunteers	_____	_____	_____	_____	_____	_____	_____
Coaches	_____	_____	_____	_____	_____	_____	_____
Officials/Umpires	_____	_____	_____	_____	_____	_____	_____

SECTION C – Events Underwriting Information (Event Examples: Prom, Graduation, Plays, Fundraisers, Open Houses, Practicums, etc.)

Type of Event (please check all that apply): Day Overnight* Travel Youth Adult

Special Needs Other (specify): _____

Describe all events you are requesting insurance coverage for: _____

TOURNAMENTS/EVENTS LOCATION(S)

Name and Address of Event Location	Event Starts			Event Ends			No. of Days	Age Range of Participants	Estimated Number to be Insured
	MO	DAY	YR	MO	DAY	YR			
								18 & Under	
								Volunteers	
								18 & Under	
								Volunteers	
								18 & Under	
								Volunteers	
								18 & Under	
								Volunteers	
								18 & Under	
								Volunteers	

*Section E will need to be completed for any overnight exposure

Section D - Underwriting Information (complete if requesting General Liability):

Do you require all event participants and volunteers to sign waivers? Yes No

Do you have a written contract with the facilities you utilize? Yes No

Are you contractually obligated to name facility owners as additional insureds? Yes No

If yes complete the following:

<u>Additional Insured Name*</u>	<u>Complete Address</u>	<u>Relationship to you (examples below)</u>
_____	_____	_____
_____	_____	_____

***Additional Insured Certificates – Each Additional Insured Certificate is \$35.00 (non-commissionable).**
****Relationship Examples: Owners/Lessors of Premises, State or Governmental Agency or Subdivision or Political Subdivision, Lessor of Leased Equipment, Mortgagee, Assignee or Receiver, Sponsor, Co-promoters.**

NOTE: If the Named Insured owns the premise/facility the General Liability coverage applies to athletic participants/attendee/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. 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.

Do you currently have or have you had Accident Medical Coverage and/or General Liability? Yes No

- a. If yes, please provide a copy of your current policy's schedule page.
- b. If yes, please provide 3 years loss experience.

Section E - Abuse & Molestation (Must be completed if requesting Abuse & Molestation coverage or if there is overnight exposure.)

- 1. Do you do criminal background investigations on all those involved with children? Yes No
- 2. Do you have written procedures along with formal training for dealing with sexual abuse? Yes No
- 3. Are there written procedures prohibiting 1 on 1 exposure between youth and adult? Yes No
- 4. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? Yes No
- 5. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No

If yes, please describe. _____

- a) Was a claim made against the organization? Yes No
- b) Was the case settled? Yes No
- c) Was the case taken to trial? Yes No
- d) How much money was paid in damages to the victim \$ _____

6. How long do you maintain copies of all documentation (i.e. employment applications, background investigations, MVR's)? _____ (recommend at least 7 years for claim purposes)

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this request for quote form and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Authorized Signature _____ **Date** _____
Printed Name _____ **Title** _____

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 all the required information being completed.

Local/Regional Licensed Agency

Agency Name: _____

License Number: _____

Agent Name (Printed): _____

Agent Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____

Date: _____

(Licensed Agent)

Email Address: _____

Proposal Number: _____

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.