



Supplemental Accidental Medical and Liability Insurance Program

Liability insurance is mandated as a school. A **significant** increase in our insurance fees occurred last summer when the Diocese of Orange required the Academy to increase its liability coverage.

Gratefully, as a group member of Home School Legal Defense Association, St. Michael the Archangel Academy qualifies for coverage from QBE Insurance and Capitol Insurance. This insurance program requires that everyone in the Academy enroll. This is also a supplemental accidental medical insurance to your own current medical policies. It covers students, non-employee teachers (parents), and volunteers 24 hours a day, seven days a week. You may go to the website for further explanations: www.homeschoolinginsurancesolutions.com

Everyone must be and is covered.

We need each family to complete the enrollment form and mail it with a check payable to the Academy by June 30, 2008, (you may mail it early) so the Academy may apply for coverage that would begin August 1.

Enrollee	Premium
Child ages 5 and under	\$28.00
Child ages 6 to 13 years	\$36.00
Child ages 14 to 18 years	\$64.00
Non-Employee (Parent)	\$48.00
Volunteer	\$64.00

Please return completed enrollment form with check payable to St. Michael the Archangel Academy and in the memo line should be written: HS Insurance Program.

Enrollment in this insurance program is through St. Michael the Archangel Academy as a member group of HSLDA. The Home School Legal Defense Association (HSLDA) does not assume any of the insurance risk provided by QBE Insurance or Capitol Insurance, HSLDA is not involved in the administration of these plans including premium collection or adjudication of claims.

HSLDA acts only in the capacity of the Master Policyholder for these Policies for its Members benefit.

Attendance and participation at functions/fieldtrips advertised by St. Michael the Archangel Academy is voluntary. Parents assume full responsibility for themselves and their children, and to indemnify and hold harmless, St. Michael the Archangel Academy and any and all persons or entities affiliated with St. Michael the Archangel Academy, from any and all liability, injury, or damage, legal or equitable.

ENROLLMENT FORM

HOMESCHOOL ACCIDENT MEDICAL & GENERAL LIABILITY PROGRAM

Name of Group: St. Michael the Archangel Academy HSLDA Group Membership Number: 293241
Family's HSLDA member number: _____ Expiration Date: _____
Family Last Name: _____ Parents' First Names: _____
Address: _____ E-mail Address: _____
City: _____ State: _____ Zip Code: _____
Policy Effective date: August 1* to July 31 Telephone Number: _____

FULL EXCESS COVERAGE – All students must be covered.

Classification	Number of Participants		Annual Rate		Premium by Classification
Ages 5 & under	_____	X	\$28.00	=	_____
Ages 6 — 13	_____	X	\$36.00	=	_____
Ages 14—18	_____	X	\$64.00	=	_____
Non-Employee Teachers	_____	X	\$48.00	=	_____
Volunteers	_____	X	\$64.00	=	_____

Make checks payable to St. Michael the Archangel Academy

Memo: HS Insurance Program

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Return this form with a check payable to: St. Michael the Archangel Academy

Note: The insurance company requires that the premium be paid with a single Academy check.