



2011-12 THSCA COACHES LIABILITY INSURANCE

The Texas High School Coaches Association offers a Coaches Professional Liability Insurance option to eligible members with coverage beginning September 1, 2011. The THSCA has chosen the John A. Barclay Agency, Inc. to provide this policy to these members. This plan was devised to offer liability insurance and legal assistance to THSCA members.

In order to be eligible for this policy you must meet the following criteria:

- You must be a Coach, Athletic Trainer or Athletic Director, including classroom duties, for an accredited secondary school, college, junior college or university, within the state of Texas.
- Your THSCA Membership must be current for the school year in which the policy is effective - **9/1/11 through 8/31/12.**
- ACTIVE, ALLIED and LIFE members are eligible only if they meet the criteria above. This insurance is not available to STUDENT or ASSOCIATE members.

If you choose to purchase this insurance policy and do not meet the criteria for eligibility, this policy will not be valid.

This policy will be in effect September 1, 2011 through August 31, 2012. Policies purchased after September 1, 2011 will commence coverage as of the payment received date. This insurance policy is not retroactive.

Payment should be made directly to the THSCA. The total 2011/12 annual premium for the insurance policy will be \$43.00 per member.

Annual Insurance Premium..... \$30.00
 State Taxes and Fees (4.91%)..... \$ 1.47
 Association Administrative Fee..... \$11.53
TOTAL 2011/12 Annual Premium: \$43.00

Mail payment to: THSCA, P.O. BOX 1138, San Marcos, TX 78667
 Checks made payable to: **THSCA**
DO NOT MAIL PAYMENT to the John Barclay Agency.

Name: _____ Today's Date: ____/____/____
FIRST MIDDLE LAST

Member Number: _____ 11/12 Membership Type (Circle One): ACTIVE ALLIED LIFE

Date of Birth: ____/____/____ Phone/Cell: _____

Mailing Address: _____
STREET APT # CITY STATE ZIP

School Employed By: _____ School District: _____

Job Title: _____ Primary Sport Coached: _____

Signature: _____ PAYMENT AMOUNT: **\$ 43.00**

Payment Method: _____ CASH _____ CHECK # _____ CREDIT CARD: _____ Visa _____ MasterCard

Credit Card Number: _____ Exp. Date: _____ V-code: _____

Card Holder's Name: _____ Cardholders Signature: _____

Card Holders Address (if different from above): _____
STREET APT # CITY STATE ZIP

OFFICE USE ONLY:

Pmt Rec'd By: _____ Date: ____/____/____ Insurance Input Date: ____/____/____ By: _____ 4/15/2011