



Offered By: **The John A. Barclay Agency**

8701 Shoal Creek Blvd., Bldg. 2, Ste #201 -- Austin, TX 78757

Phone: 512.374.4927

Underwritten by Carrier rated A+ XV Superior by A.M. Best

This coverage will be in effect **July 1, 2021 through June 30, 2022**. (New Insurance Purchase);
September 1, 2021 through June 30, 2022 (Renewal Insurance Purchase).

New Insurance purchased after 7/1/21 will commence on the payment received date. This coverage is not retroactive.

The Texas High School Coaches Association offers a Coaches Professional Liability Insurance option to eligible members with coverage beginning July 1, 2021. The THSCA has chosen the John A. Barclay Agency, Inc. to provide this coverage to our members. This plan was devised to offer liability insurance and legal assistance to THSCA members.

In order to be eligible for this coverage 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 coverage is effective - **7/1/21 through 6/30/2022**.
- **PROFESSIONAL, AFFILIATE and LIFE** members are eligible only if they meet the criteria above. This insurance is not available to **STUDENT or RETIRED** members.

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

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Payment should be made directly to the **THSCA**.

The total 2021/22 annual premium for the insurance coverage will be \$58.00 per member.

Annual Insurance Premium..... \$50.00

State Taxes and Fees (5%)..... \$ 2.46

Association Administrative Fee.....\$ 5.54

TOTAL 2021/22 Annual Premium: \$58.00

Checks made payable to: **THSCA**

Mail payment to: THSCA, P.O. BOX 1138, San Marcos, TX 78667

DO NOT MAIL PAYMENT to the John Barclay Agency.

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

Member Number: _____ 21/22 Membership Type (Circle One): **PROFESSIONAL** **AFFILIATE** **LIFE**

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

Mailing Address: _____ Email: _____
STREET APT # CITY STATE ZIP

School Employed By: _____ School District: _____

Job Title: _____ Primary Sport Coached: _____

Signature: _____ **PAYMENT AMOUNT: \$ 58.00**

Checks made payable to: THSCA

Payment Method: _____ CASH CHECK # _____ CREDIT CARD: ___Visa ___MasterCard ___Discover

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

Card Holder's Name: _____ Cardholders Signature: _____

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

OFFICE USE ONLY:
 Pymt Rec'd By: _____ Date: ___/___/____ Insurance Input Date: ___/___/____ By: _____ 3/2/21