

Tennessee Secondary School Athletic Association

Catastrophic Insurance 2023 – 2024 School Year

Our company Loomis & LaPann, Inc. designs the Excess Medical Catastrophic Insurance Program for the Tennessee Secondary School Activities Association. Again this year, the TSSAA will provide a policy that covers students and/or student athletes participating in all TSSAA sanctioned activities including approved travel to and from. The policy is underwritten by National Union Fire Insurance Company and has a \$500,000 Medical Limit with a \$25,000 deductible.

Member schools have the option of purchasing Excess Medical Catastrophic Insurance (all benefits mirror the TSSAA Plan) that will provide coverage for students and/or student athletes participating in school sanctioned activities that are not covered by the TSSAA Catastrophic Insurance Policy. I.E. Interscholastic Sports not sanctioned by the TSSAA, intramural sports, open gym, off season conditioning, field trips and other normal school activities including approved travel to and from.

With the increase in medical costs and the liability issues associated with these school-related injuries, this insurance will help offset the economic loss suffered by families. It will also help eliminate potential claims involving schools, school administrators and coaches.

Should you be interested in providing coverage, attached is an Enrollment Questionnaire. This can also be found at our website www.loomislapann.com under High School Associations and Tennessee-TSSAA. You can download the brochure which provides a complete summary of coverages, limits and the enrollment form. Please contact Loomis & LaPann, Inc. at 800-566-6479 or by e-mail (sports@loomislapann.com) with any questions regarding the TSSAA plan or the optional plan.

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School Catastrophic Accident Insurance Program

Apply online at www.loomislapann.com or by completing the enrollment questionnaire. If you have questions, please call 800-566-6479.

PROPOSED POLICYHOLDER INFORMATION

School Legal Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FEIN Number: _____

Website Address: _____

PREMIUM CALCULATION

Grades	Number of Enrolled Students	x Rate	= Premium
K-6		\$1.10	
Middle School		\$1.20	
High School		\$1.55	
Total Number of Enrolled Students		Total	

The minimum premium per school is \$250.00 per policy per year. The policy's effective date cannot be prior to 8/1/2023.

SIGNED STATEMENT

All information on questionnaire is correct to the best of my knowledge. I understand that the insurance company must accept and approve this questionnaire before coverage is effective. I agree that the insurance company may audit my records to verify proper payment. By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as presented in this brochure.

Requested Effective Date: _____ Purchase Order Number: _____

Authorized Signature: _____

Print Name of Authorized Person: _____

Email Address: _____

Fax the completed questionnaire to 518-792-3426 or email sports@loomislapann.com, then (if applicable) mail the questionnaire and the check to:

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