



USDBF CLUB ANNUAL LIABILITY APPLICATION 2018

NOTE: YOUR CLUB MUST BE A MEMBER OF EITHER ERDBA, SRDBA, PDBA OR ADBA IN ORDER TO HAVE ACCESS TO THE INSURANCE PROGRAM. Please contact the appropriate membership chairperson of that affiliate should you have any questions regarding your membership status prior to submitting this application to the Jacka-Liquori Insurance Agency. **No Coverage will be bound without proof of membership from the affiliate.**

This coverage is **not** for events such as races, festivals or clinics (unless the clinic is for your club only). It is designed for club or association members and their year around training and practice activities.

Complete this form and e-mail, fax or mail it to the address shown on the bottom of page 2. You will be invoiced the appropriate premium and payment must be received before any insurance coverage is bound.

New Club _____ Renewal _____

If this is a renewal, and part B, C, D & F have not changed, only complete parts A & E and the additional insured request form (if applicable)

(A) Name of Club, team, or association: _____

Address: _____

City: _____ State: _____ ZIP: _____

President/Contact Person: _____

Website: _____

Contact Phone number: _____ Email address: _____

(B) Does your club have any affiliates?

Affiliate name & address: _____

Entity's legal status: Corporation, 501 3(c), other _____

When was club founded? _____ In continuous existence since then? _____

Does the club own/lease any real property? Address and state usage:

(C) Paddling activities: number of boats owned _____

 number of boats rented/leased _____

 number of boats borrowed _____

If boats are rented/leased please provide name and address of boat owner:

(D) What is your training season? _____

Where are your boats kept during your season? _____

Describe, on a separate sheet, the facility, if any, where your boats are kept in season, who owns the facility, if they require to be named as an additional insured, use the attachment form.

Where are the boats kept in your off season (if you have one)? _____

If Owned are your boats insured for physical damage? _____

(E) Number of club members: _____

How many times per week does your club practice? _____

How many teams practice each time? _____

Does your club maintain Directors & Officers Liability Insurance (D&O)? _____

(F) **Insurance History:** Any prior claims? _____ (*new clubs only*)

If so, please provide all details on separate sheet.

Has your club had insurance before? _____ If so, was it in your own name or through an association? _____

Please provide details (dates and premiums) on separate sheet.

Name & Signature of Club President, Director or Officer:

Print name: _____ Designation: _____

Sign: _____ Date _____

**Please email or fax the application to the USDBF Insurance Administrator,
MRoth@jacka-liquori.com or paddlesports@jacka-liquori.com.**

For questions: Phone: (631) 269-9696 E-Fax: (631) 514-3178

Jacka-Liquori Agency, Inc.

121 Pulaski Road

Kings Park, NY 11754

**REQUEST FOR CERTIFICATE OF INSURANCE
ADDITIONAL INSURED**

Additional Insured: Name(s) & Address(es):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Relationship to Club (i.e. landowner, municipality, sponsor):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Please use separate sheet if more are needed.

NOTE:

All certificates will be emailed/mailed to the person who is in charge of the club to distribute to the certificate holders.