



USDBF CLUB ANNUAL LIABILITY APPLICATION 2019

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 Paddlesport Risk Management, LLC. 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.

New Club _____ Renewal _____

If this is a renewal, and parts B-G have not changed, only complete parts A, the premium calculation section and additional insured sheet (if needed).

(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 _____

(D) If Owned are your boats insured for physical damage? _____

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

(F) **Insurance History:** 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.

(G) Any prior claims? _____ (*new clubs only*)

If so, please provide all details on separate sheet. (type of claim, date, amount paid)

Name & Signature of Club President, Director or Officer:

Print name: _____ Designation: _____

Sign: _____ Date _____

Please mail, email or fax the application to the USDBF Insurance Administrator

paddlesports@jacka-liquori.com.

For questions: Phone: (631) 269-9696 E-Fax: (631) 514-3178
Paddlesport Risk Management, LLC
121 Pulaski Road
Kings Park, NY 11754

Paddlesport Risk Management is a division of Jacka-Liquori Agency, Inc

PREMIUM CALCULATION

Premium is determined based on your clubs annual paddling schedule:

Use the following to determine your clubs tier:

- A # club members: _____
(including officers, directors, steerers, drummers, coaches):
- B # Teams in Club: _____
- C # Days during week teams paddle: _____
- D # Months club paddles: _____
(eg March-Oct = 8)

Multiply:

A x C = _____ x D = _____ (this is number of paddle days)

This is an approximation based on the norm.

TIER	# Paddle Days	Premium	TOTALS
1-5000		\$446	
5001-10,000		\$733	
+ 10,000		\$1,043	
Additional Insureds	#	x \$25	
	TOTAL PREMIUM		\$
	Credit card processing Fee (3.1% of premium)		\$
	TOTAL		\$

PLEASE NOTE: PREMIUM INCLUDES \$120 PROCESSING FEE

Your application will not be processed without premium:

Payment Options:

Check via ACH: Email or fax a copy of your check – you do not need to mail original. Premium will be electronically submitted.

Credit/Debit Card: Complete the attached authorization. Credit card transactions will incur a 3.1% surcharge charged by credit card company.

PayPal: Paypal account: admin@jacka-liquori.com payments made via checking account are free. Payments made via credit card using incur 3.1% cc processing fee Please add to due premium.

**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.