



Paddlesport Risk Management, LLC
 121 Pulaski Road
 Kings Park, NY 11754
 631-269-9696 Phone
 631-514-3178 E-fax
 paddlesports@jacka-liquori.com

2019

USDBF FESTIVAL/EVENT INSURANCE APPLICATION

Event Name: _____

Location of event: _____

Type of Event: _____ Festival _____ Races _____ Clinics

Event sponsor/host: _____

Name of affiliation (circle one): **SRDBA PDDBA ERDBA ADDBA** - *Your club/organization must be a **FESTIVAL member** of one of these affiliates to access the insurance program. Please contact the affiliate to check your membership status **BEFORE** you submit this application. Coverage will not be bound without proof of membership. Not checking your membership will delay processing.*

Contact person: _____ Contact Phone: _____

Mailing address: _____

Email address: _____ Ph: _____

Date(s) of Event: _____ Practice dates (if applicable): _____

PLEASE NOTE

This insurance is for dragon boat racing and festivals. If you have any other types of vessels or other activities other than dragon boating please contact our office before completing this application.

INSURANCE FEE COMPUTATION

# of teams:	2-25 _____	@ \$79	per team	\$ _____
	26-50 _____	@ \$62	“ “	
	51+ _____	@ \$42	“ “	

If you have 10 person boats please contact our office for rate. \$ _____

Number of golf carts or ATVs @ \$20 per \$ _____

Administration & Processing Fee \$ 120.00

Additional Insured's - _____ @ \$25 \$ _____

Total Premium \$ _____

Check # _____

PAYMENT MUST ACCOMPANY APPLICATION – NO COVERAGE BOUND WITHOUT PREMIUM

MAKE CHECK PAYABLE TO: Paddlesport Risk Management, LLC

MANDATORY

ALL WAIVERS MUST BE RETURNED TO OUR OFFICE WITHIN 14 DAYS OF THE EVENT OR A \$30 LATE FEE WILL BE IMPOSED – NO EXCEPTIONS



**REQUEST FOR CERTIFICATE OF INSURANCE
ADDITIONAL INSURED**

Event name: _____ **Date of event:** _____

PLEASE MAKE SURE THE CERTIFICATE HOLDER INFORMATION IS CORRECT. SOME MUNICIPALITIES REQUIRE SPECIAL WORDING PLEASE CHECK BEFORE YOU SEND IN THIS APPLICATION. CONSTANT CHANGES WILL DELAY PROCESSING. CERTIFICATES WILL BE GIVEN TO YOUR CLUB/ORGANIZATION TO DISTRIBUTE TO THE CERTIFICATE HOLDER.

Additional insured: Name, Address, Phone/Fax

1 _____
2 _____
3 _____
4 _____

Relationship to event: (e.g. landowner, municipality, etc)

1 _____
2 _____
3 _____
3 _____

**Paddlesport Risk Management, LLC
A division of Jacka-Liquori Agency, Inc
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