



## **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](mailto: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.

<b>TIER</b>	<b># Paddle Days</b>	<b>Premium</b>	<b>TOTALS</b>
<b>1-5000</b>		<b>\$326.00</b>	
<b>5001-10,000</b>		<b>\$613.00</b>	
<b>+ 10,000</b>		<b>\$923.00</b>	
<b>Additional Insureds</b>	<b>#</b>	<b>x \$25</b>	
<b>Program Admin Fee</b>			<b>\$ 120.00</b>
	<b>TOTAL PREMIUM</b>		<b>\$</b>
	<b>Credit card processing Fee</b>		<b>\$</b>
	<b>(3.1% of premium)</b>		
	<b>TOTAL</b>		<b>\$</b>

**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](mailto: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.**