



USDBF CLUB ANNUAL LIABILITY APPLICATION 2021

NOTE: YOUR CLUB MUST BE A MEMBER OF EITHER ERDBA, SRDBA, PDBA OR ADBA IN ORDER TO HAVE ACCESS TO THE INSURANCE PROGRAM. If you paid your membership dues in 2020 your membership will be carried over through the 2021 season. If you did not pay membership dues or are new to the program please contact the applicable affiliate for your region prior to completing this application.

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).

Check affiliate membership: PDBA ADBA ERDBA SRDBA

(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)? _____

Check here if you would like a quote for Directors & Officers Insurance.

(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)

I understand that the insurance company in determining whether to provide coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Print name: _____ Designation: _____

Sign: _____ Date _____

Name & Signature of Club President, Director or Officer:

Applications may be:

**Mailed to: Paddlesport Risk Management, LLC
Atten: Maria Liquori
121 Pulaski Road
Kings Park, NY 11754**

Emailed: paddlesports@jacka-liquori.com

E-Faxed: (631) 514-3178

Have Questions? Call or email Maria Liquori (631-269-9696)

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		\$477.00	
5001-10,000		\$794.00	
+ 10,000		\$1,138.00	
Additional Insureds	#	x \$25	
Program Admin Fee			\$ 115.00
		TOTAL	\$

APPLICATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT

Payment Options: PLEASE CHECK OPTION

If emailing or faxing application but mailing premium – the application will not be processed until premium has been received.

MAIL: Make check payable to Paddlesport Risk Management –
121 Pulaski Road, Kings Park, NY 11754

ONLINE: www.paddlesportriskmanagement.com click on “Pay Now”
(by check, credit or debit card – fees apply)

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.

Does any entity require special wording or endorsements?: Yes ____ No ____

If yes, please attach a copy of entities requirements with your application or write them on separate sheet.