



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

## USDBF FESTIVAL/EVENT INSURANCE APPLICATION 2020

**This coverage 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.**

**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.**

Name of affiliation (circle one): SRDBA PDBA ERDBA ADBA

Event Name: \_\_\_\_\_

Location of event: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Festival \_\_\_\_\_ Races \_\_\_\_\_ Clinics

Event sponsor/host/organizer: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_ Ph: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Practice dates(if applicable): \_\_\_\_\_

### Warranty Statement

***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.***

I also agree, as required by the insurance carrier, that I will provide a copy of all signed waivers, or if an online system such as smartwaiver is used, a copy of the registered team schedule, must be returned to insurance administrator **within 14 days after the event.**

Print name: \_\_\_\_\_ Designation: \_\_\_\_\_

Sign: \_\_\_\_\_ Date \_\_\_\_\_

**Name & Signature of Club President, Director or Officer:**

### PREMIUM CALCULATION

10 Paddler Boat Racing	# Teams	Rate/per team	PREMIUM CALCULATION
2-25 Teams		\$42.00	
26-50 Teams		\$33.00	
51 + Teams		\$23.00	
<b>20 Paddler Boat Racing</b>			
2-25 Teams		\$84.00	
26-50 Teams		\$66.00	
51+ Teams		\$45.00	
<b>ADDITIONAL INSURED</b> <i>(per entity)</i>	#	\$25.00	
<b>ATVS/GOLF CARTS</b>	# vehicles	\$20.00	
<b>Administration &amp; Processing Fee</b>		\$115.00	
<b>TOTAL PREMIUM DUE</b>			\$

**PAYMENT MUST ACCOMPANY APPLICATION – NO COVERAGE BOUND WITHOUT PREMIUM**

#### Payment Methods:

- 1) **MAIL:** Mail check with application: Make check payable to Paddlesport Risk Management, LLC, 121 Pulaski Road, Kings Park, NY 1175. **PLEASE REFERENCE THE NAME OF THE EVENT ON THE CHECK.**
- 2) **ONLINE:** [www.paddlesportriskmanagement.com](http://www.paddlesportriskmanagement.com) click on “PAY NOW” at top left corner – (fees apply)

**PAYPAL IS NO LONGER AN OPTION FOR PREMIUM PAYMENT – (due to the high fees charged by paypal this option is no longer available.)**

**MANDATORY**  
**ALL WAIVERS OR A TEAM REGISTRATION LIST MUST BE RETURNED TO OUR OFFICE WITHIN 14 DAYS AFTER 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  
121 Pulaski Road  
Kings Park, NY 11754  
631-269-9696 Phone  
631-514-3178 E-Fax**

# POST EVENT REPORTING AUDIT



**MANDATORY:**  
**THIS FORM MUST BE SUBMITTED WITH COPIES OF THE SIGNED WAIVERS**  
**OR IF USING AN ONLINE WAIVER SYSTEM PLEASE PROVIDE A COPY OF YOUR**  
**REGISTRATION LIST.**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

# TEAMS: \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Less PRE-PAID TEAMS ..... \$ \_\_\_\_\_

**(DO NOT INCLUDE Additional insured fees, administration or late fees when you deduct your deposit)**

BALANCE DUE/RETURN PREMIUM: *(circle one)* ..... \$ \_\_\_\_\_

For balance due make check payable to: Paddlesport Risk Management, LLC

For refunds please indicate below to whom the refund check should be made payable and mailed to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK HERE IF YOU HAVE USED AN ELECTRONIC WAIVER SYSTEM \_\_\_\_\_.  
Submit a copy of team registration list.

Methods to send waivers or docs.

SCANNED AND EMAILED TO: Paddlesports@jackaliquori.com

FAXED TO: (631)514 3178

MAILED TO: Paddlesport Risk Management, LLC - 121 Pulaski Road, Kings Park, NY 11754

UPLOADED ONLINE: [www.paddlesportsriskmanagement.com](http://www.paddlesportsriskmanagement.com) Click on "Events & Club" tab - click on waiver upload to the left of screen.