



# 2024 ANNUAL CLUB LIABILITY APPLICATION

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To access this Club Liability program your club **MUST** be a member of one of the USDBF affiliates – [ERDBA](#), [ADBA](#), [PDBA](#) OR [SRDBA](#).

If you are not a member or need to renew your membership please click the applicable affiliate link above to complete the 2024 membership process **BEFORE** you complete this application.

**PREMIUM AND FEES ARE FULLY EARNED: NO REFUNDS FOR MID TERM CANCELLATION**

**IF YOU APPLY FOR COVERAGE AND ARE NOT A MEMBER OF ONE OF THE REGIONAL AFFILIATES ABOVE YOUR COVERAGE WILL BE CANCELLED AND NO PREMIUM WILL BE REFUNDED. COVERAGE CAN BE REINSTATED ONCE YOU PROVIDE PROOF OF A REGIONAL MEMBERSHIP.**

## CLUB IS \*

- ☐ New to Insurance Program
- ☐ Renewing Coverage

**Please indicate the USDBF affiliate which your club is a member of? \***

- ☐ PDDBA
- ☐ ERDBA
- ☐ ADBA
- ☐ SRDBA
- ☐ NON of above – please contact the applicable affiliate using link above. You can then close the affiliate tab and continue to complete this application.

**NAME OF CLUB/ASSOCIATION/ORGANIZATION \*****CLUB MAILING ADDRESS \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**CONTACT NAME \***

First Name

Last Name

**CONTACT EMAIL \***

example@example.com

**CONTACT PHONE NUMBER \***

Area Code

–

Phone Number

**DOES CLUB OWN: \***☐ Boats

- ☐ Dock
- ☐ Clubhouse
- ☐ other

**DOES CLUB LEASE/BORROW/RENT BOATS? If yes, indicate name and address of boat owners.**

**WHAT IS YOUR 'PADDLING' SEASON? – Indicate months or year round. \***

**HOW MANY TOTAL MEMBERS IN THE CLUB/ORGANIZATION? \***

**DOES YOUR CLUB MAINTAIN DIRECTORS & OFFICERS LIABILITY?**

**WHAT IS BODY OF WATER YOU PRACTICE ON MOST? \***

Please clearly identify lake, river, ocean, bay paddled in

**ADDRESS OF PHYSICAL LOCATION OF CLUB/TRAINING (If different from mailing address)**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**PREMIUM CALCULATION**

**Premium is based on your clubs active paddling members and annual paddling schedule.**

**ENTER IN SECTIONS A, B & C – SECTIONS WILL AUTO CALCULATE**

**A) Enter the number of total ACTIVE PADDLING club members (including officers, directors, steerers, drummers, coaches) \***

**B) How many days of week does club have practices? \***

**C) How many months during the year does the club paddle (eg March-Oct = 8 mths) \***

**This is total number of paddle days for your club**

**CHECK THE TIER BASED ON THE NUMBER OF PADDLE DAYS ABOVE \***

- ☐ 1-5,000  
Paddle  
Days \$428
- ☐ 5,001 –  
10,000  
Paddle  
Days \$799
- ☐ 10,001+  
(unlimited)  
Paddle  
Days  
\$1,201

**Program Admin Fee** \* ☐ \$100 (Non Refundable)

**DO YOU NEED TO ADD ADDITIONAL INSURED \* \***

- ☐ YES
- ☐ NO

**ELECTRONIC WAIVERS:**

An electronic waiver system is available for clubs to access. Your club name and/or logo will be added to the waiver. It is recommended to provide a generic email address for the signed waivers to go to. Data storage is \$35 annually. You will not be required to mail or email copies of club waivers as our office will download at the end of the season. You will be given a link to post to your websites/social media pages or to email to members and guests. You will have access to a back office where you will see all signed waivers.

**SELECT WAIVER OPTION \***

- ☐ PDF WAIVER
- ☐ PRM ELECTRONIC WAIVER SYSTEM \$35 SETUP AND  
DATA STORAGE
- ☐ RENEWING PRM WAIVER SYSTEM \$35
- ☐ WE USE AN ALTERNATIVE E-WAIVER SYSTEM

**Club Email Address for Waiver signing notifications will go**

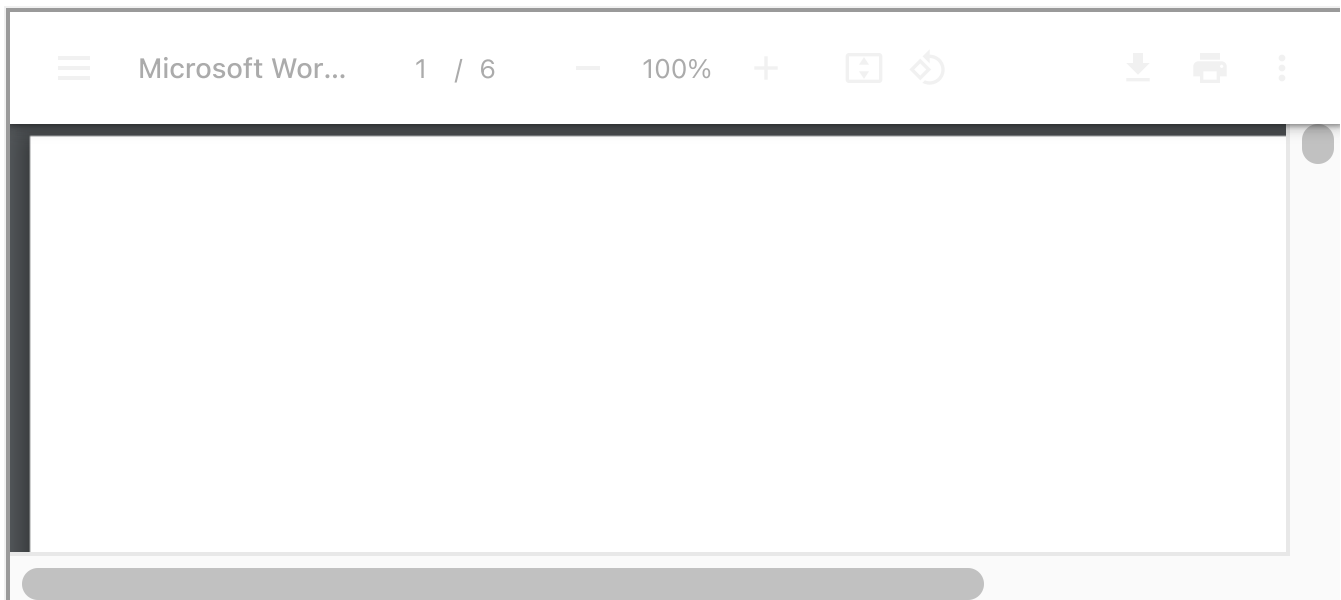
IT IS RECOMMENDED YOU USE A GENERIC EMAIL ADDRESS

**If you would like us to insert your club logo to the waiver please upload a file of the logo. If you have previously provided it you do not need to upload again.**

Browse Files

(pdf; gif, png, jpg, jpeg formats)

***Acceptance of this proposal confirms your desire to obtain insurance through the Sports, Liesure, & Entertainment Risk Purchasing Group. I hereby certify that the USDBF Safety Requirements have been met and will be adhered to as well as the US Coast Guard or state laws, whichever is stricter, during regular club activities. I further understand that all PFD's used are USCoast Guard class I, II,III or V approved and that all members and guests will sign the approved USDBF release of liability waiver copies of which will be sent to the USDBF administrator annually.***

**USDBF Safety Addendum – PLEASE READ or DOWNLOAD**

**The undersigned accepts, on behalf of the club/organization/team, the terms & conditions of USDBF Insurance Program and Safety Addendum and agrees to comply with all requirements. \***

First Name

Last Name

**Signature \*****Date Signed \***

Clear

**TOTAL PREMIUM DUE**

AUTO CALCULATE

**READ BEFORE SUBMITTING**

**After you click submit you will be directed to make your payment via EPayPolicy. Applications submitted without payment will not be processed.**

**If you would like to mail a physical check please check the box below. Do not click the PayNow Button after submitting:**

**Select payment method – PLEASE NOTE: If mailing a check your application will not be processed or any certificates issued until the premium is received in our office –WE DO NOT ISSUE INVOICES FOR PREMIUM AFTER APPLICATION IS SUBMITTED \***

- ☐ Mail Premium Check
- ☐ Online (No vendor processing fee for check payment.  
Vendor fee assessed for credit/debit card)

## COMMENT



LEAVE A COMMENT OR SUGGESTION TO HELP US IMPROVE OUR SERVICES

**IF YOU LIKE OUR SERVICES PLEASE LEAVE A REVIEW ON GOOGLE REVIEWS, YELP  
OR ON ANY SOCIAL MEDIA PLATFORM. WE THANK YOU FOR YOUR SUPPORT OF  
THE USDBF PROGRAM.**

**Have questions contact Maria Liquori**

**Phone (631) 321-6859**

**Email: [paddlesports@jacka-liquori.com](mailto:paddlesports@jacka-liquori.com)**

