



USDBF CLUB ANNUAL LIABILITY APPLICATION 2017

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 Jacka-Liquori Insurance Agency. **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. We realize that you cannot know exactly what the extent of your year around activities will be, but we ask you to estimate them as closely as possible. If you experience any significant changes during the year, please contact us.

Complete this form and e-mail, fax or mail it to the address shown on the bottom of page 2.

New Club _____ Renewal _____

If this is a renewal, and part B, C, D & F have not changed, only complete parts A & E and the additional insured request form (if applicable)

(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:

**REQUEST FOR CERTIFICATE OF INSURANCE
ADDITIONAL INSURED**

Additional Insured: Name(s) & Address(es):

Relationship to Club (i.e. landowner, municipality, sponsor):

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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.