



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

2019

**USDBF FESTIVAL/EVENT INSURANCE APPLICATION**

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

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

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

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

Name of affiliation (circle one): **SRDBA PDDBA ERDBA ADDBA** - *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.*

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

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

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

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

**PLEASE NOTE**

**This insurance 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.**

**INSURANCE FEE COMPUTATION**

# of teams:	2-25 _____	@ \$79	per team	\$ _____
	26-50 _____	@ \$62	“ “	
	51+ _____	@ \$42	“ “	

If you have 10 person boats please contact our office for rate. \$ \_\_\_\_\_

Number of golf carts or ATVs @ \$20 per \$ \_\_\_\_\_

Administration & Processing Fee \$ 120.00

Additional Insured's - \_\_\_\_\_ @ \$25 \$ \_\_\_\_\_

**Total Premium \$ \_\_\_\_\_**

Check # \_\_\_\_\_

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

**MAKE CHECK PAYABLE TO: Paddlesport Risk Management, LLC**

**MANDATORY**

**ALL WAIVERS MUST BE RETURNED TO OUR OFFICE WITHIN 14 DAYS OF 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  
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**Michelle - [MRoth@jacka-liquori.com](mailto:MRoth@jacka-liquori.com)  
or  
[Paddlesports@jacka-liquori.com](mailto:Paddlesports@jacka-liquori.com)**