



Jacka-Liquori Agency, Inc
 121 Pulaski Road
 Kings Park, NY 11754
 631-269-9696 Phone
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 paddlesports@jacka-liquori.com

2017

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 ADBA** - *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: _____

Mailing address: _____

Contact Phone: _____ Fax: _____

Email address: _____ (for environmental purposes documents will be emailed to the contact person unless otherwise requested)

Date(s) of Event: _____ Practice dates(if applicable): _____

If you are setting up and taking down before and after the event you can extend coverage to these days without additional cost.

INSURANCE FEE COMPUTATION

# of teams:	2-25	_____	@ \$75	per team	\$ _____
	26-50	_____	@ \$59	“ “	
	51+	_____	@ \$40	“ “	

10- PERSON BOATS – CONTACT OUR OFFICE FOR RATE

Number of golf carts or ATVs @ \$20 \$ _____

Processing Fee \$ 120.00

General Proof of insurance – *No Charge*

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

Check # _____ Total Premium \$ _____

PLEASE NOTE

No Coverage will be bound without receipt of payment in full or 25% of estimated premium in addition to processing and additional insured fees. Balance of premium must be paid within 14 days after the event or a late fee of \$25 will be assessed.

PLEASE MAKE CHECK PAYABLE TO: Jacka-Liquori Agency, Inc



**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.

Additional insured: Name, Address, Phone/Fax

Relationship to event: (e.g. landowner, municipality, etc)

Note: All certificates will be mailed to the person who is in charge of the event to distribute to the certificate holders. If time is limited please contact the insurance administrator to make arrangements for certificate distribution to holders by fax or email.

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