



Paddlesport Risk Management, LLC
 121 Pulaski Road
 Kings Park, NY 11754
 631-269-9696 Phone
 631-269-9656 Fax
 paddlesports@jacka-liquori.com

USDBF FESTIVAL/EVENT INSURANCE APPLICATION 2021

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 PDDBA ERDBA ADDBA

Event Name: Decatur Morgan Hospital Foundation Dragon Boat Race & Festival

Location of event: 2901 Point Mallard Drive Se

Type of Event: Festival Races Clinics

Event sponsor/host/organizer: Decatur Morgan Hospital Foundation

Contact person: Miranda Nichols Contact Phone: 256 973 2188

Mailing address: P.O. Box 2239 Decatur, AL 35609

Email address: miranda.nichols@dmhnet.org Ph: 256 973 2188

Date(s) of Event: 9/11/2021 Practice dates(if applicable): 9/5/2021-9/10/2021

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: Noel Lovelace Designation: President

Sign: Date 4/5/2021

Name & Signature of Club President, Director or Officer:

PREMIUM CALCULATION

10 Paddler Boat Racing	# Teams	Rate/per team	PREMIUM CALCULATION
2-25 Teams		\$45.00	
26-50 Teams		\$35.00	
51 + Teams		\$24.00	
20 Paddler Boat Racing			
2-25 Teams		\$90.00	
26-50 Teams		\$70.00	
51+ Teams	60	\$48.00	
ADDITIONAL INSURED <i>(per entity)</i>	# 1	\$25.00	
ATVS/GOLF CARTS	<i># vehicles</i>	\$20.00	
Administration & Processing Fee		\$115.00	
TOTAL PREMIUM DUE \$			

**PAYMENT MUST ACCOMPANY APPLICATION – NO COVERAGE BOUND WITHOUT PREMIUM
RETURN THE LAST PAGE OF THE SAFETY ADDENDUM WITH THIS APPLICATION**

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 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 we have contracted with a less expensive option)

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: Decatur Morgan Hospital Foundation Dragon Boat Race & Festival **Date of event:** 9/11/2021

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 City of Decatur Alabama/Point Mallard park 2901 Point Mallard Drive SE Decatur AL 35601
2
3
4

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

1 Municipality/park owner
2
3
3

Does any entity require special wording or endorsements: Yes No x

If yes, please attach a copy of entities requirements with your application or write them on separate sheet.