

# United States Canoe Association

Competition ★ Cruising ★ Conservation ★ Camping ★ Camaraderie ★

## USCA AFFILIATED CLUB YEAR ROUND INSURANCE

Year Round Insurance - 02/15/2020 - 02/15/2021

As an Affiliated Club of the USCA whose members would like to do year round training, practice and cruising activities, the year round insurance coverage is designed for you. It is intended for the regular members of your club or association. This insurance coverage permits your club to enjoy the activities on the water that does not exceed Class II (The International Scale of River Difficulty), in pools or wherever you can throughout the year. It is not intended for events such as races or clinics. However, as an Affiliated Club you may hold these events, but you would need to apply for a separate event insurance coverage. The insurance application for a cruise or a race is in the "Event Insurance Packet". Please complete the Year Round Insurance application forms found in this packet and return them with your **check made payable to USCA** to the **Specialty Insurance Consultants, LLC** at the address below. The club liability premiums are based on the number of active members in the club. Premium fees for 2020-2021 are listed on page 2 of 2 of the Year Round Insurance application.

**You must have a 2020 USCA Affiliated Club membership in order to request insurance coverage for this annual insurance.** An **Affiliated Club membership** entitles you to apply for the Club Year Round insurance coverage as well as races (competition) or cruises or practice/training (non-competition) as Sanctioned Events with a separate event application(s) and payment of the appropriate fees.

**Waivers:** Club Year Round insurance **requires** a completed specific CLUB USCA Waiver/Release form to be signed by each club member and returned to the USCA Program Administrator before the club's activities begin. You must use the USCA Waiver/Release form provided as no other forms will be accepted. The waiver form, Proof of Insurance and general information about the coverage will be emailed to the Club Contact. USCA Waiver forms must be completed fully including the name of the club and the year round coverage period, the member's signature and dated with the name and complete address printed on the line provided. Only those club members who properly complete the USCA Waiver/Release Forms will be included in the USCA Insurance Program. As new members join, a waiver form must be signed and sent to the USCA Program Administrator. All waiver forms will be retained by the USCA and will be available for seven years to protect you *and* the USCA in the event a claim occurs.

The USCA Insurance Program is underwritten by the Sports Division |K&K Insurance Group, Inc. Specialty Insurance Consultants, LLC will serve as the agent/broker for the USCA Insurance Program. A USCA advisor will make sure USCA requirements are met. The USCA policy has a **\$1,000,000** Per Occurrence general liability with an additional **\$ 2,000,000** Per Occurrence excess liability. This is a total of **\$3,000,000** Per Occurrence for any number of claims reported.

You may request "**Additional Insured**" certificate(s) at least 14 to 30 days prior to an event for a location you plan to practice which requires this separate liability coverage. **There is an administrative fee of \$10 per certificate.** The General Proof of Insurance certificate for your club is provided at no extra charge.

The USCA is a 501 (C) (3) nonprofit charitable, educational and athletic organization. Our trademarks include the USCA 'shield' logo, the letters "USCA" and the words "United States Canoe Association". The use of these trademarks is by permission only and must be used appropriately and without distortion. Contact Joan Theiss, USCA Historian at [jktheiss@outlook.com](mailto:jktheiss@outlook.com) for more information on how to receive and how to use these trademarks.

Please contact Rebecca Davis, USCA President at 517.227.4794 for any questions or concerns in regard to the USCA. For any insurance questions, please contact Brandi Hallum at the agency listed below.

**Specialty Insurance Consultants, LLC**

c/o NFP

**Attn: Brandi Hallum, USCA Program Administrator**

**1900 W. Nickerson Street, Suite 300**

**Seattle, WA 98119**

**Brandi.hallum@nfp.com Phone: (206) 535-6332**

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## USCA AFFILIATED CLUB YEAR ROUND INSURANCE Year Round Insurance – 02/15/2019 – 02/15/2020

**NOTE: This coverage is not for events such as races, or clinics.** It is designed for club or association members and their year-round training, practice, and cruising activities. It is intended for the regular members of the club or association. We realize that you cannot know exactly what the extent of your year-round 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 the USCA Program Administrator listed on first page. If visitors join in any of the club's activities, a waiver/release form must be signed and returned to the USCA Program Administrator.

**MEMBERSHIP:** Please provide your **2020** USCA membership number here. \_\_\_\_\_  
If not a current member, please join through the online service 'SignMeUp' at [www.uscanoe.com](http://www.uscanoe.com) or postal mail the membership application with the dues separately to the Membership Chair. **Do not include the membership application or dues with this insurance request.** If insurance is needed quickly, a copy of the online web receipt or a copy of the check mailed maybe included with the insurance request as proof of payment for the membership dues. A membership number will be emailed as soon as available or you may email the **Membership Chair, Lynne McDuffie** at [llmcduffie@gmail.com](mailto:llmcduffie@gmail.com) to get your member number.

### BASIC DATA

\_\_\_\_\_ **New** \_\_\_\_\_ **Renewal**

Name of club, team, or association: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

President: \_\_\_\_\_ Website: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Entity's legal status: corporation, 501(c)(3), other \_\_\_\_\_

When was club founded? \_\_\_\_\_ In continuous existence since then? \_\_\_\_\_

Does the club have a location? \_\_\_\_\_ What is it? \_\_\_\_\_

Does the club own any real property? \_\_\_\_\_ If so, describe in an attachment, give as many details as possible (address, age, area, construction, surrounding exposures)

Any activities other than paddling, like dinners, dances, fund raisers? \_\_\_\_\_ If so, describe in an attachment, including numbers of participants and income derived from the activities.

### Paddling Activities:

\*number of boats owned \_\_\_\_\_

number of boats rented \_\_\_\_\_

number of boats borrowed \_\_\_\_\_

Total number of boats \_\_\_\_\_

\* On a separate page, list all boats by type, including marathon, dragon boat, outrigger, and sprint canoes or kayaks, or any boats used for coaching.

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USCA Canoe Club Year Round Insurance page 2 of 2

What is your season? \_\_\_\_\_

Where are your boats kept during your season? \_\_\_\_\_

Describe, on a separate sheet, the facility, if any, where your boats are kept in season, who owns the facility, if they require to be named as an additional insured, and what your launching practices are like.

Where are they kept in your off season (if you have one)? \_\_\_\_\_

Number of club members \_\_\_\_\_ How many active paddlers? \_\_\_\_\_

Does your club hold any events (races, classes, clinics, demos)? \_\_\_\_\_ If so, please provide information in an attachment giving details of past and anticipated (2020) experience with regard to numbers of participants, numbers of teams, number of events, number of days.

How many events does your club participate in that you do not sponsor? \_\_\_\_\_

Any outside the US? \_\_\_\_\_ How many outside the US and Canada? \_\_\_\_\_

How does your team get to the US events? \_\_\_\_\_ Canadian events? \_\_\_\_\_

Any boats, borrowed, rented or leased? \_\_\_\_\_ If so, give details in attachment.

Are your boats insured? \_\_\_\_\_

Does your club maintain Directors & Officers Liability insurance (D&O)? \_\_\_\_\_

(New Clubs only) History: Any prior claims? \_\_\_\_\_ If so, please provide all details on separate sheet.

(New Clubs only) Has your club had insurance before? \_\_\_\_\_

If so, was it in your own name or through an association? \_\_\_\_\_

Please provide details (dates, premiums and limits) on separate sheet.

Signature of club president or designated officer \_\_\_\_\_

Date: \_\_\_\_\_ Additional Insured certificate request? Yes \_\_\_\_ or No \_\_\_\_\_

Total Paid\* \_\_\_\_\_ {Insurance Premium plus additional insured certificate fee(s).}

Check number: \_\_\_\_\_ Make check payable to: **United States Canoe Association, Inc.**

It would be helpful, if you would please include a separate sheet explaining your club's training and/or practice situation. Please give as much information as possible.

**\*Insurance Premium for the number of active Affiliated Club Members:**

**(2-50) - \$210.00; (51-100) - \$380.00; (101-200) - \$590.00; (201+) - \$800.00.**

Mail only pages 1 & 2 with a check made payable to USCA and any supporting documents to:

**Specialty Insurance Consultants, LLC**

c/o NFP

**Attn: Brandi Hallum, USCA Program Administrator**

**1900 W. Nickerson Street, Suite 300**

**Seattle, WA 98119**

**Phone: 206-535-6332**

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## REQUEST FOR CERTIFICATE OF INSURANCE (ADDITIONAL INSURED)

Request must arrive at the agency office no less than **14 days or more prior to the event** that requires this Additional Insured Certificate of Insurance. Submit this request form with the Club Liability application or as needed during the policy year.

DATE OF APPLICATION: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

DATE(S) OF EVENT(S): \_\_\_\_\_

SITE OF EVENT (Physical location):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event organizer contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

\* ADDITIONAL INSURED (Administrative fee of **\$10** per certificate) (If requesting more than one Additional Insured, **please use a separate form for each request.**) (eg. Landowner)

ADDITIONAL INSURED (Name & Address & Phone /Fax)

RELATIONSHIP TO EVENT

ADDITIONAL INSURED (Name & Address & Phone /Fax)	RELATIONSHIP TO EVENT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* ALL CERTIFICATES OF INSURANCE WILL BE SENT TO THE EVENT ORGANIZER WHO WILL BE RESPONSIBLE FOR DISTRIBUTION TO THE CERTIFICATE HOLDERS:

Mail To: **Specialty Insurance Consultants, LLC**  
c/o NFP  
**Attn: Brandi Hallum, USCA Program Administrator**  
1900 W. Nickerson Street, Suite 300  
Seattle, WA 98119

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## MEMBERSHIP APPLICATION FORM

Or JOIN ONLINE at [www.uscanoe.com](http://www.uscanoe.com)

Date: \_\_\_\_\_

Organization Name (if joining as an organization) \_\_\_\_\_

Check only if you are joining as an organization:

Race Sponsor

Affiliated Club\*\*

Business Affiliate

Contact information:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

New Member  Renewal

**Membership Type:**

Race Sponsor \$30.00

Affiliated Club\*\* \$30.00

Business Affiliate \$30.00

**\*\* Include a club roster with this membership application, for New Member or Renewal.**

**Amount Enclosed \$** \_\_\_\_\_

**Check** made payable to **USCA in US funds.**

Member will receive official publication:

*Canoe News*: Mail a printed copy \_\_\_\_\_

Deliver digitally \_\_\_\_\_

Please send membership form to:

**Lynne McDuffie**  
**USCA Membership Chair**  
**410 Cockman Rd**  
**Robbins, NC 27325**

**Telephone: (910) 948-3238**

**Email: [llmcduffie@gmail.com](mailto:llmcduffie@gmail.com)**