

US Fencing Club/Insurance Enrollment Form

Effective August 1, 2004 through July 31, 2005

1. Fees: Club membership dues are mandatory to be eligible for USFA liability insurance coverage and to field teams at the National Championships. Insurance coverage begins on the date this membership application and appropriate premium are received by U.S. Fencing, and ends on the last day of the policy period, 7-31-05.

£ New £ Renewal £ Change of Address of Primary Location

2. Club Mailing Address: (please print)

Name of Club

Name of Club Contact

Street

Suite/Apartment#

City/State/Zip

(____) ____ - ____
Home Phone

(____) ____ - ____
Home Fax

(____) ____ - ____
Work Phone

(____) ____ - ____
Work Fax

e-mail address

website address

6. We understand that if we elect not to enroll in the USFA insurance program, our club and its members will have no liability coverage through the USFA. We further understand that it is in the best interest of the club to maintain insurance of like coverage.

Signed: _____

Date: _____

7. Have you entered into any assumption of liability, indemnification, or agreement, contract or permit that contains hold harmless language? This will not impact cost or availability of insurance. £ Yes £ No

If yes, please forward a copy of the document with this insurance certificate request form.

8. Will Additional Insureds need to be added to the certificate? £ Yes £ No (**Please Note:** Coaches Liability insurance is a separate policy, coaches are NOT additional insureds. Applications are available at the USFA National Office).

Additional Insured Information

Name: _____

Address: _____

Please indicate the role of the Additional Insured: £ Owner of Premises £ Sponsor £ Municipality

Please Note: If you need to name more than one Additional Insured, complete the reverse side of this form. Additional Insureds that you send in with this application will be processed at no additional charge. There will be a minimum \$25 fee for any change made during the year. The fee will be \$50 for rush processing of third-party insurance requests that are received seven or fewer days prior to the covered event. Please use the Third Party request form for these changes.

3. Division of Club:

USFA Division Name

4. Number of members _____

5. Payment Method:

£ Credit Card

£ Check

£ Visa £ MasterCard

£ Discover

£ American Express

Credit Card # _____

Exp. Date _____

Signature _____

(of cardholder)

Select ONLY ONE of the following payment options

#1: Club dues only (No insurance) £ \$ 40

#2: Club dues and \$1M* liability insurance £ \$240

#3: Club dues and \$2M* liability insurance £ \$305

*denotes million

Total amount enclosed _____

\$ _____

Make check payable to USFA

\$25 fee for returned checks

Additional Insured Information

Please Note: The original insurance certificate will be sent to the club contact. If any named Additional Insured needs a copy, the club contact should send it.

Name: _____

Address: _____

Please indicate the role of the Additional Insured: Owner of Premises Sponsor Municipality

Name: _____

Address: _____

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Name: _____

Address: _____

Please indicate the role of the Additional Insured: Owner of Premises Sponsor Municipality



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