

US Lacrosse Booster Club Enrollment Form

To add your Booster Club as an Additional Insured to the US Lacrosse General Liability policy, please complete this form and mail it with your check made out to "Bollinger, Inc." US Lacrosse Insurance Plans, PO Box 390, Short Hills, NJ 07078.

Name of Booster Club: _____

Contact's Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Email: _____

CERTIFICATION:

I hereby certify that all players and coaches of this booster club are current members of US Lacrosse, or are insured through the US Lacrosse Non-Member Benefit Plan.

Signature: _____

- Provides Liability coverage to the Booster Club for meetings, banquets and fundraisers throughout the calendar year. This is a Liability plan only; no accident medical insurance is provided. Coverage is in force for Booster Clubs where all players and coaches are members of US Lacrosse, or are insured through the US Lacrosse Non-Member Insurance Plan.

Date:

Premium: \$100 + \$50 Administration Fee (to US Lacrosse) = \$150 Please make your check out to "Bollinger, Inc." To pay by credit card, please email the application to Lacrosse@Rpsins.com. An invoice will be emailed to you with instructions on payment.

Policy term: Effective date: January 1st (or day after date of postmark on your check and enrollment form, whichever is later).
Expiration date: December 31st

Certificate of Insurance: You will receive a Certificate of Insurance from RPS Bollinger as proof of your coverage under the US Lacrosse policy. Please allow one week for processing.

Note: This policy cannot be canceled by the booster club. Therefore, no premium refunds can be made, nor can premium be pro-rated for partial term coverage for clubs applying after January 1st.

For additional information on other US Lacrosse Insurance Products, please visit us at RPSBollinger.com and select US Lacrosse for more information.