

US Lacrosse Event Insurance Plans Application

Day Camp Overnight Camp One Day Clinic Alumni/Exhibition Ga	Day	lamp 🔄 Ove	ernight Camp	One Day Clinic L	Alumni/Exhibition	Game
---	-----	------------	--------------	------------------	-------------------	------

Special Event/Fundraiser

Event Information

Event Name					
pecific Dates of Event					
Contact Name					
Contact Mailing Address					
Event/Organization Website					
Event Location Address					
Contact Phone	Email				

Additional Insured Certificate Information (if required by Facility Owner);

a \$25 Fee will be charged for every Additional Insured Certificate

Please provide full name and address. Certificates will be emailed to you unless otherwise indicated

1._____ 2. _____

Age Category	Total Number of Participants	Number of Teams for Alumni/Exhibition Game	Total Number of Weeks for Camps	Select Rate Shown of Table	Total Premium
Youth				\$	\$
High School				\$	\$
Adult Men				\$	\$
Adult Women				\$	\$

Minimum Premiums		Total all Premiums	\$
Day Camps	\$300.00	Subject to Minimum Premium	\$
Overnight Camps	\$450.00	USL Admin Fee	\$
Alumni/Exhibition Game	\$450.00	Additional Insured Certificates	\$
*Special Event	\$150.00		¢
		Total Payment Due	۵

Method of Payment

Check _____ Amount Enclosed _____

Please make checks payable to Bollinger, Inc.

If you would like to purchase the coverage with a credit card, please visit **RPSBollinger.com**; under Specialty Programs select US Lacrosse, then: Buy Insurance Online. Please note Alumni/Exhibition Games coverage cannot be purchased online. Please submit this completed application to Lacrosse@RPSins.com.

Questions? – Contact RPS Bollinger at 800.446.5311 then press 5 for Lacrosse or email Lacrosse@RPSins.com

*Please contact RPS Bollinger for Special Events/Fundraisers as additional underwriting is required.

US Lacrosse Event Insurance Plan Premium Calculation Table

The Event Insurance Plans are only for events that you are hosting. The coverage does not follow you while you are participating in other events regardless of whether or not you have entered those dates into the calendar.

A \$25 Fee will be charged for each Additional Insured Certificate. The premium and/or the USL Admin Fees are calculated based upon the TOTAL number of participants.

Day Camps - Rate per Week (every 7 sessions)

# of Campers	Youth	High School	Adult Men	Adult Women	USL Admin Fee	
50 or Fewer	\$100	\$150	\$185	\$125	\$25	
51 to 100	\$150	\$175	\$375	\$225	\$35	
101 to 200	\$350	\$275	\$750	\$450	\$60	
201 to 300	\$400	\$450	\$1,300	\$900	\$125	
Over 300	\$450	\$500	\$1,350	\$950	\$150	
A \$300 minimum	A \$300 minimum premium applies per Camp plus the USL Admin Fee					

One Day Clinics/Instructional Classroom - Rate per day

# of Attendees	Youth	High School	Adult Men	Adult Women	USL Admin Fee	
Under 100	\$125	\$125	\$125	\$125	\$25	
100 to 250	\$175	\$175	\$200	\$200	\$50	
Over 250	\$225	\$225	\$300	\$300	\$75	
Total Cast par Clinis - Pata above alve the USL Admin Eas						

Total Cost per Clinic = Rate above plus the USL Admin Fee

Overnight Camps - Rate per Week (every 7 sessions)

# of Campers	Youth	High School	Adult Men	Adult Women	USL Admin Fee	
50 or Fewer	\$150	\$200	\$370	\$250	\$50	
51 to 100	\$275	\$350	\$750	\$450	\$75	
101 to 200	\$550	\$600	\$1,500	\$900	\$125	
201 to 300	\$900	\$950	\$2,600	\$1,800	\$175	
Over 300	\$950	\$1,000	\$2,750	\$1,900	\$200	
A \$450 minimum premium applies per Camp plus the USL Admin Fee						

Alumni & Exhibition Game - Rate per team

Rates are per Team	Youth	High School	Adult Men	Adult Women
Rate per Team	\$15	\$20	\$50	\$30
Admin Fee*	\$35	\$35	\$35	\$35

*Fee is based on total # of Participants in Alumni/Exhibition Game. All teams in the game must be covered by this plan. A \$450 minimum premium applies per event, plus the USL Admin Fee.

The Event Insurance Plans are only for events that you are hosting. The coverage does not follow you while you are participating in other events regardless of whether or not you have entered those dates into the calendar.

Instructions: Programs are covered on a Blanket Basis, whether or not participants or teams are registered USL Members.

- 1. Complete this form and send it with your premium payment to RPS Bollinger. Full payment must be received by RPS Bollinger at least 5 business days prior to your event. Alumni/Exhibition Games will be reviewed on a case by case basis for eligibility.
- 2. Use the Premium Calculation tables above to calculate your program's specific premium. Information should be used to complete the application form. Start by either estimating the total number of participants for Day/Overnight Camps and Clinics, or teams for Alumni/Exhibition Games. Use this number under the total "# of Participants" column on the application.
- If applicable, enter on the application the # of weeks for your Day Camp or Overnight Camp in the "# of Weeks" column. Seven sessions of play or fewer, counts as one whole week. Sessions of play may be consecutive or held once a week for multiple weeks.
- 4. Using the appropriate Premium Calculation Table above, find the rate that corresponds to the age group(s) and # of participants/teams in your program. Enter that rate on the application under the "Select Rate" column.
- 5. For Day Camps and Overnight Camps, multiply the # of weeks by the Selected Rate per Week to determine the subtotal premium for each age group. Write this amount in the "subtotal" column of the application. For Alumni/Exhibition Games, multiply the number of teams by the rate per team to determine the subtotal premium for each age group. Write this number in the "subtotal" column.
- 6. If the total of all premiums is less than the program's minimum premium, then the minimum premium will apply (the USL Administration fee is not included in the minimum premium).
- 7. Add in the Administrative fee for US Lacrosse, shown in the right hand column for each rate table, to arrive at the Total Payment Due. (The Administration fee goes to US Lacrosse to sponsor research by the USL Sport Science & Safety Committee). Calculate this fee based on the number of participants.
- 8. Send payment with this form to: US Lacrosse Insurance Programs c/o RPS Bollinger, PO Box 390 Short Hills, NJ 07078. Please make checks payable to "RPS Bollinger". Allow 5 business days for processing.
- Please submit a roster of all participants (including names & addresses) to RPS Bollinger within 5 business days after your event for claims verification purposes. Claims can only be paid if there is a roster on file. Rosters are mandatory regardless of any impending claims.
- 10. Please include your email address on the application as the certificates are transmitted to you in that manner.
- 11. Coaches are still required to be members of US Lacrosse for coverage.

Questions? – Contact RPS Bollinger at 800.446.5311 then press 5 for Lacrosse or email Lacrosse@RPSins.com