

# 2009 US Lacrosse Camp, Clinic and Tournament Insurance Application

DayCamp  
 Overnight Camp

One Day Clinic  
 Tournament /Exhibition Game

## EVENT INFORMATION

Event Name: \_\_\_\_\_

Specific Dates of Event: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Event Location Address: \_\_\_\_\_

Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

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

## ADDITIONAL INSURED CERTIFICATE INFORMATION (If required by Facility Owner)

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

1) \_\_\_\_\_

2) \_\_\_\_\_

## PREMIUM CALCULATION

**\* Refer to the 2009 US Lacrosse Premium Calculation Tables and Instructions Sheet \***

| Age Category | # of Participants<br>(for Camps) | # of Teams<br>(for Tournaments) | # of Weeks<br>(for Camps only) | Select Rate<br><i>Shown on Table</i> | Total Premium |
|--------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------------|---------------|
| Youth        |                                  |                                 |                                | \$                                   | \$            |
| High School  |                                  |                                 |                                | \$                                   | \$            |
| Adult Men    |                                  |                                 |                                | \$                                   | \$            |
| Adult Women  |                                  |                                 |                                | \$                                   | \$            |

### MINIMUM PREMIUMS:

|                 |          |
|-----------------|----------|
| DAYCAMPS        | \$200.00 |
| OVERNIGHT CAMPS | \$325.00 |
| ONE DAY CLINICS | \$100.00 |
| TOURNAMENTS     | \$200.00 |

Total all Premiums: \$ \_\_\_\_\_

Subject to Minimum

Premium: \$ \_\_\_\_\_

USL Admin Fee: \$ \_\_\_\_\_

**Total Payment Due: \$** \_\_\_\_\_

## METHOD OF PAYMENT

Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Please make checks payable to "Bollinger Insurance." For Credit Cards, please complete the following information:

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Questions? Contact Bollinger at (800) 350-8005 or LacrosseInfo@BollingerInsurance.com**

## CAMP, CLINIC AND TOURNAMENT INSURANCE PREMIUM CALCULATION TABLES AND INSTRUCTIONS

### DAYCAMPS

\*Rate per week\*

| # of Campers                               | Youth | High School | Adult Men | Adult Women | USL Admin Fee |
|--|-------|-------------|-----------|-------------|---------------|
| 50 or Fewer                                | \$50  | \$50        | \$185     | \$125       | \$25          |
| 51 to 100                                  | \$125 | \$125       | \$375     | \$225       | \$25          |
| 101 to 250                                 | \$275 | \$275       | \$750     | \$450       | \$50          |
| Over 250                                   | \$450 | \$450       | \$1,300   | \$900       | \$100         |
| <b>Subject to a \$200 minimum premium.</b> |       |             |           |             |               |

### OVERNIGHT CAMPS

\*Rate per week\*

| # of Campers                               | Youth | High School | Adult Men | Adult Women | USL Admin Fee |
|--|-------|-------------|-----------|-------------|---------------|
| 50 or Fewer                                | \$100 | \$100       | \$370     | \$250       | \$50          |
| 51 to 100                                  | \$250 | \$250       | \$750     | \$450       | \$75          |
| 101 to 250                                 | \$550 | \$550       | \$1,500   | \$900       | \$100         |
| Over 250                                   | \$900 | \$900       | \$2,600   | \$1,800     | \$150         |
| <b>Subject to a \$325 minimum premium.</b> |       |             |           |             |               |

### ONE DAY CLINICS / INSTRUCTIONAL CLASSROOM

\*Rate per day\*

| # of Attendees | Youth | High School | Adult Men | Adult Women | USL Admin Fee |
|----------------|-------|-------------|-----------|-------------|---------------|
| Under 250      | \$100 | \$100       | \$100     | \$100       | \$25          |
| Over 250       | \$150 | \$150       | \$200     | \$200       | \$50          |

### TOURNAMENTS / EXHIBITION GAMES

\*Rate per Team\*

| # of Attendees       | Youth        | High School    | Adult Men       | Adult Women       |
|----------------------|--------------|----------------|-----------------|-------------------|
| <b>Rate per Team</b> | \$15         | \$15           | \$45            | \$30              |
| <b>Admin Fee*</b>    | < 50<br>\$25 | 51-100<br>\$50 | 101-250<br>\$75 | Over 250<br>\$100 |

*\*Select fee based on total # of Participants in Tournament. All*

*Participants must be covered by this plan.*

**Subject to a \$200 minimum premium.**

**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 Bollinger. Full payment must be received by Bollinger at least 5 business days prior to your event, whether by check or credit card
2. Use the Premium Calculation tables above to calculate your programs specific premium. Information should be used to complete the application form. Start by either estimating the number of participants for Day/ Overnight Camps and Clinics, or teams for Tournaments. Use this number under the "# of Participants" column on the application.
3. 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 Tournaments, multiply the number of teams by the Selected Rate per Week 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 Bollinger Insurance., PO Box 390 Short Hills, NJ 07078. Please make checks payable to "Bollinger, Inc.". Allow 5 business days for processing.
9. Please submit a roster of all participants (including names & addresses) to Bollinger within 5 business days after your event for claims verification purposes. Claims can only be paid if there is a roster on file.
10. Please include your email address on the application as the certificates are transmitted to you in that manner.

Questions? Call Bollinger at 1-800-350-8005 or email [LacrosseInfo@BollingerInsurance.com](mailto:LacrosseInfo@BollingerInsurance.com)  
Fax Number: 973-921-2876 Attention: Lacrosse Representative