



## **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," US Lacrosse Insurance Plans, 101 JFK Parkway, 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Premium:** \$100 + \$50 Administration Fee (to US Lacrosse) = \$150  
Please make your check out to "Bollinger."

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

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

**Note:** This policy cannot be cancelled 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 1<sup>st</sup>.

**For additional information on other US Lacrosse Insurance Products, please visit the US Lacrosse website at [www.BollingerLax.com](http://www.BollingerLax.com).**