

# US Fencing Club/Insurance Enrollment Form

Effective August 1, 2007 through July 31, 2008

**1. Fees:** Club membership dues are mandatory to be eligible for USFA liability insurance coverage and to field teams at the National Championships. **Minimum requirements for club membership:** 1.) the owners and/or principal officers of the club or fencing division of such club must be members of the USFA. 2.) All members of the coaching staff must be members of the USFA. 3.) Each Member Club must have a minimum of ten members of the USFA who have declared that club as their club. *USFA BOD September, 1999.* **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, 7-31-08.**

**2. Club Mailing Address:** (please print) New Renewal

Note- information included here will be posted on the USFA website. Please indicate below if you would like any information withheld.

\_\_\_\_\_  
Name of Club

\_\_\_\_\_  
Name of Club Contact

\_\_\_\_\_  
Street

\_\_\_\_\_  
Suite/Apartment#

\_\_\_\_\_  
City/State/Zip

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Club Phone

\_\_\_\_\_  
Club Fax

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Website address

**5.** I affirm that the owner(s)/principal officer(s) and coaching staff hold current individual memberships in the USFA and that this club has or will have by 7/31/08, a minimum of 10 USFA members as set forth by the minimum requirements for club membership approved by the USFA Board of Directors.

\_\_\_\_\_  
Signature of Owner/Principal Officer

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Owner/Principal Officer

\_\_\_\_\_  
Date

**7.** Will Additional Insureds need to be added to the certificate? Yes No (*Please Note: Additional insureds do not include coaches or individual members*).

**Please include ALL Additional Insured Information below.**

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 second page 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. **Note that prior season information is not retained and must be included below for coverage.**

Name of Club \_\_\_\_\_

Pg 2

**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:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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



**US Fencing National Office**  
1 Olympic Plaza, Colorado Springs, CO 80909-5774  
Phone: 719-866-4511 Fax: 719-632-5737  
Email: [dana.brown@usfencing.org](mailto:dana.brown@usfencing.org) Web: [www.usfencing.org](http://www.usfencing.org)