



## ANNUAL CLUB INSURANCE APPLICATION 2022

This is annual coverage for clubs, associations, and their members for activities on and off water including not limited to training, practices, coaching, club/association cruises, meetings, recruiting, club only demonstrations, club/association picnics, BBQ's. This is NOT for racing events or festivals.

Acceptance of this proposal confirms your desire to obtain insurance through the sports, leisure, & entertainment risk purchasing group. A Risk Purchasing Group is a legal entity that allows a group of unassociated entities with similar risk profiles to join together to take advantage of a joint insurance purchase. The program was established under the Federal Liability Risk Retention Act of 1986. Limits under this program apply to each club not shared.

***If renewing and your club details in section B have not changed please complete sections A, C & D and the additional insured certificate request (if applicable)***

***New Member:*** \_\_\_\_\_ ***Renewing Member:*** \_\_\_\_\_

**(A)** Name of Club/Association: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Physical Location of Training: \_\_\_\_\_

Name of body of water most commonly paddled: \_\_\_\_\_

Club President: \_\_\_\_\_

Insurance Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**(B)** Is Club/Association Legal Status: Corporation, 501©(3), other: \_\_\_\_\_

When was organization founded?: \_\_\_\_\_

Does organization own any "real property": \_\_\_\_\_ If so, describe in an addendum.

Does your organization own any boats? \_\_\_\_\_ If "yes" are they insured? \_\_\_\_\_

Does your organization rent/borrow/lease boats? \_\_\_\_\_ # boats \_\_\_\_\_

Where are the boats moored/stored: \_\_\_\_\_

What is your "operating" season? \_\_\_\_\_ to \_\_\_\_\_ / all year \_\_\_\_\_

A guest paddler may paddle up to 3 times for free before they must become members of your club/association to continue to be covered under this policy.

**( C )** How many total members does your club have: \_\_\_\_\_ How many of the members are active members: \_\_\_\_\_

*(An active member is one that participates in 1 or more activities)*

**ANNUAL CLUB LIABILITY (pg2)**

(D) If your Club is a cruising/tripping club, what type of classes of water do you frequent? Please indicate the % of each class of water: I-II \_\_\_\_\_ III-IV \_\_\_\_\_

If your club is an outrigger club, where do you paddle and please indicate what type of waterway it is? River, Bay, Inlet, Sound, Ocean, other: \_\_\_\_\_

Name of body of water most

frequented \_\_\_\_\_

Does your organization maintain Directors & Officers Liability? \_\_\_\_\_

Name of carrier: \_\_\_\_\_

Any prior losses? \_\_\_\_\_ If "yes" please provide details in an addendum.

Does your club/ organization travel to and participate in, racing events/festivals? \_\_\_\_\_

Do you travel to these event as a group in a hired/non-owned auto (ie bus) or individually in private vehicles?: \_\_\_\_\_

**Acceptance of this proposal confirms your desire to obtain insurance through the Sports, Leisure, & Entertainment Risk Purchasing Group. I hereby certify the requirements of Paddlesport Risk Management, LLC (PRM) and US Coast Guard requirements or state laws, whichever is stricter, will be adhered to during regular club activities. I further understand that all PFDs used are US Coast Guard Class I,II,III or V approved and that all members and guests will sign the approved PRM release of liability waiver.**

\_\_\_\_\_  
Signed President or authorized officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**MAIL: Paddlesport Risk Management, LLC  
121 Pulaski Road,  
Kings Park, NY 11754**

**Phone: 631-269-9696  
Fax: 631-269-9656**

**EMAIL: Paddlesports@jacka-liquori.com**

## INSURANCE PREMIUM AND FEES

CLUB /ASSOCIATION CLASS TYPE	# Members	Rate	PREMIUM CALCULATION
<b>CLASS I—II water</b> <i>(See water classification guidelines on pg 5)</i>			
2-50 members		<b>\$285.00</b>	
51-100 members		<b>\$515.00</b>	
101-200 members		<b>\$760.00</b>	
201+ members <i>(per member)</i>		<b>\$5.20</b>	
<b>CLASS III water</b>			
2-50 members		<b>\$347.00</b>	
51-100 members		<b>\$668.00</b>	
101-200 members		<b>\$880.00</b>	
201+ members - <i>(per member)</i>		<b>\$6.28</b>	
<b>CLASS III — IV water</b> <i>(for organizations that operate</i>			
2-50 members		<b>\$525.00</b>	
51-100 members		<b>\$832.00</b>	
101-200 members		<b>\$1265.00</b>	
201+ members - <i>(per member)</i>		<b>\$7.56</b>	
<b>CLUB OWNED SAILBOATS—LIABILITY ONLY</b>	<i># BOATS</i>	<b>\$145.00</b>	
<b>ADDITIONAL INSUREDS</b> <i>(per entity)</i>	<b>#</b>	<b>\$25.00</b> <i>(non refundable fee)</i>	
<b>PRM-RPG Program Membership Annual</b>		<b>\$25.00</b> <i>(non refundable)</i>	<b>\$25.00</b>
<b>TOTAL PREMIUM DUE</b>			<b>\$</b>

**MAKE ALL CHECKS PAYABLE TO: Paddlesport Risk Management, LLC**

**Premium must be received before any coverage will be bound.**

**PREMIUM PAYMENT OPTIONS**

**MAIL:** Mail application with check payable to Paddlesport Risk Management mail to address on page 2 of application

**ONLINE:** Upload your payment via check or credit card from our web portal

**FAX/EMAIL:** Fax or email application with a copy of your check. We will electronically process it.

**NO APPLICATION WILL BE PROCESSED WITHOUT PAYMENT OF PREMIUM.**

## ADDITIONAL INSURED FORM

Please use this form if you need to add a municipality, landowner, co-sponsor, etc as an additional insured to the policy for your event or club. You must provide all required information before a certificate can be issued.

EVENT/CLUB NAME:

\_\_\_\_\_

ADDITIONAL INSURED INFORMATION please provide name & address for each entity.

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to club: \_\_\_\_\_ Relationship to club: \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to club: \_\_\_\_\_ Relationship to event/club: \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to club: \_\_\_\_\_ Relationship to club: \_\_\_\_\_

Does any entity require special wording or endorsements: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate below which endorsements and entities or attach a copy of entities requirements with your application.

**Additional Insured Endorsement CG0001**

**Waiver of Subrogation CG2012**

**30 days notice of intent to cancel**

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

Indicate which entity  
requires endorsements eg 1,3,5

## **WATER CLASSIFICATION GUIDELINES**

The most widely used grading system is the International Scale of Difficulty, where whitewater is classed in six categories from class I to VI. Paddlesport Risk Management programs cover up to class IV.

A rapids grade is not fixed, since it may vary greatly depending on the water depth, weather conditions, speed of flow, etc. Please use the following scale as a guide to choosing the class of water your club or event will predominantly paddle in.

Class 1: Very small rough areas, requires no maneuvering (skill level: none)

Class 2: Some rough water, maybe some rocks, small drops, might require maneuvering (skill level: basic paddling)

Class 3: Medium waves, maybe a 3–5 ft drop, but not much considerable danger, may require significant maneuvering (skill level: experienced paddling)

Class 4: Whitewater, large waves, long rapids, rocks, maybe a considerable drop, sharp maneuvers may be needed ( skill level: advanced whitewater experience)



**#1 Paddlesport Insurance Provider for 37 years**

## **COVERAGE LIMITS & TERMS**

The Paddlesport Risk Management, LLC program includes coverage for your clubs general activities on and off water, excluding liquor liability and racing events. Racing event/festival insurance can be purchased under this program for a per participant rate basis and includes athletic participants. The program policy term is 01/01/2022—12/31/2022. Your coverage begins the day your application and premium is received.

### **Limits of liability:**

#### **Commercial General Liability:**

General Aggregate:	\$3,000,000
Products Completed Operations Aggregate	\$1,000,000
Per Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Damage to Premises Rented/Leased to You	\$300,000
Premises Medical Payments	\$5,000
Legal Liability to Participants	\$1,000,000
Non-owned & Hired Auto Liability	\$1,000,000
Excess Accident/Medical to Participants	\$25,000 Agg
Deductible per claim	\$500
Accidental Death & Specific Loss	\$5,000 per person

**The limits on the policy are not shared. Limits apply per location or per club.**

Higher limits of liability are available if required, for additional premium. 1 million excess minimum is \$1,700



**#1 Paddlesport Insurance Provider for 37 years**

## **SAFETY GUIDELINES**

### **REGULATIONS; RULES AND RESPONSIBILITIES OF EVENT ORGANIZERS AND CLUB CAPTAINS**

1. Event organizers and club captains must require that while on the water, each participant must have in his/her possession a Personal Flotation Device (PFD), Type I, II, III or V approved by either the US Coast Guard or the state in which the event is being held. **If said state has additional specific rules, those rules must be adhered to.** Fledgling paddlers are required to wear US Coast Guard approved PFDs at all times during the Fledgling event. If water conditions warrant, organizer may require PFD be to be worn by all competitors or to be readily and easily accessible;
2. Organizers/captains must ensure that **when** PFDs are required to be worn, they be worn as the manufacturer designed them to be worn; also, each boat must have at least one whistle while on the water. PFD must be in good condition, ie no tears, holes or rips.
3. Chase boats with outboard motors should have propeller safety guards if used during races where participants will be swapping in and out of canoes during in water changes. Once on board no one is permitted to exit the boat without the captains clearance.
4. Outrigger (Sit In), or dragon boats must have hand bailers. Chase boats and outrigger inspections as required in the Outrigger Race Insurance Certificate addendum;
5. Organizers/captains must hold a pre-event/training course meeting for all participants/club members and organizers to review the course, potential hazards, medical emergencies, communications and safety procedures; - **THIS IS MANDATORY FOR ALL PADDLERS**
6. Organizers/captains must ensure that all participants/members are off the course/water at the end of the event/training session;
7. Organization or club must have a written emergency plan (phone numbers of rescue personnel, etc.) and be able to document their safety procedures;
8. Organizers/captains must prohibit the use of alcohol or mind altering drug use prior to and during the event/training session;
9. Organizations and clubs must adhere to all current U.S. Coast Guard regulations for Inland Waterways;
10. Organizations/captains must require a signature on a Paddlesport Risk Management, LLC (PRM) approved Waiver and Release of Liability form for athletic participants and club members/guests and return these to the Insurance Administrator after the event/at the beginning of club season.

**An incident reporting packet is attached to this application. Please use it to notify us of any incidents as soon as possible after the occurrence.**

11. **Pre-race warm-ups:** All paddlers wanting to warm up on water prior to a race **must** request permission from the event organizer and paddle in an area designated by the event organizer to enable the event organizer to notify safety personnel of the participants whereabouts. If an incident occurs safety personnel can be dispersed immediately. Pre-race warm ups is at the discretion of the event organizer no one may be on the water without prior permission.

All participants with permission to pre-race warm up must wear or have a PFD readily accessible in the event of a huli situation. No one is permitted to be on water without one.

If the vessel being used is a private vessel it must be sound and have been inspected for any defects prior to entering the water.

Any incidents from deviance of the pre-race warm-up rule will be at participants own risk.

**THIS IS MANDATORY.**





# INCIDENT REPORTING INSTRUCTIONS & EMERGENCY PROCEDURES

## EMERGENCY PROCEDURES

- ACTION:** Follow your written plan and take appropriate care of all injured persons.
- NOTICE:** Incidents can happen anywhere. Advising K&K as soon as practical after an incident occurs surrounding your event, regardless of the location of the incident or whether or not you feel you are responsible for the bodily injury or property damage, is essential. If appropriate, an adjuster will be assigned immediately.
- STATEMENT:** Do not make any statements regarding the cause of the accident. Give no opinions or conjectures to anyone other than your insurance company representative.  
**DO NOT ADMIT TO LIABILITY. DO NOT INFER OR PROMISE TO PAY. Use only the acceptable statement: "The accident is under investigation," NOTHING MORE!**
- INVESTIGATION:** Cooperate with your insurance company representative. Let this person make any and all conclusive investigations.
- WITNESSES:** Secure names, addresses and phone numbers (home and work) of witnesses as soon as possible after the accident. NOTHING MORE!
- WAIVER & RELEASE:** (If required) If insured person was in restricted area, locate signed Waiver and Release immediately and store in safe place. Send to the insurance company only by request and by registered mail. Retain photocopy of Waiver and Release for your file.
- LOCAL AUTHORITIES:** If the incident is investigated by local authorities, identify to K&K i.e. police, from what town, county and state.
- INCIDENT REPORT FORM:** Complete all information required and available within 24 hours. Minimum information should include facility name and address, date of accident, victim's name, address and phone number; family name and phone number if fatality; and the signature of the person that completed form.

**Mail ASAP – nothing can be handled by the insuring company without this information.**

**REMEMBER: NOTIFY K&K OF ALL INCIDENTS, NOT JUST THOSE CATASTROPHIC IN NATURE**

## PREPARE FOR EMERGENCIES

- Have a qualified person designated to make ALL private, public or media statements. Make all personnel aware that only the designated statement person inquires about a loss.
- Make a separate qualified person designated for all emergency medical, fire and security operations.
- Have adequate personnel on site: security, medical, and fire protection services and equipment. "Adequate" means proper and prudent for your anticipated attendance and event activity.
- Have backup personnel and equipment, including backup power sources, in place to maintain event integrity.
- Have a written crisis management plan that addresses all "worst scenario" situations, including evacuation.
- Train and practice all emergency procedures.
- If policy wording requires it, have adequate supplies of Waiver and Release forms. Have adequate accident reporting forms on site. Those who must sign a Waiver and Release form are those persons practicing and/or participating in any athletic event sponsored by you, as well as anyone entering a restricted area, which is generally defined as any area where admittance to the general public is prohibited.
- Have the name and number of your Insurance Contact posted prominently. In case of a major spectator loss or fatality, K&K's 24-hour number is 260-459-5000. Have one person responsible for this call. Call K&K direct; do not rely on a Broker, etc. to relay the call.



# Paddlesport Risk Management, LLC

KAYAK CANOE OUTRIGGER DRAGON BOAT SUP  
Ph: (631) 269-9696  
Fax: (631) 269-9656  
121 Pulaski Road, Kings Park, NY 11754  
Email: paddlesports@jacka-liquori.com



# K&K INCIDENT REPORT

(PLEASE PRINT)

NATURE	<input type="radio"/> BODILY INJURY <input type="radio"/> PROPERTY DAMAGE: <input type="radio"/> OTHER: _____	
TIME & PLACE OF INCIDENT	DATE: _____	TIME: _____ <input type="radio"/> AM <input type="radio"/> PM
	EVENT NAME: _____	
	EVENT TYPE: _____	SANCTIONED BY: _____
	LOCATION: _____	
HAPPENED TO	NAME: _____	SSN: _____
	DATE OF BIRTH: _____	SEX: <input type="radio"/> Male <input type="radio"/> Female    PHONE: (____) _____
	ADDRESS: _____	
	CITY: _____	STATE: _____    ZIP: _____
FUNCTION	AS: <input type="radio"/> ATHLETE <input type="radio"/> PARTICIPANT <input type="radio"/> VOLUNTEER <input type="radio"/> SPECTATOR <input type="radio"/> BYSTANDER <input type="radio"/> OFFICIAL <input type="radio"/> OTHER: _____	
APPARENT INJURY OR DAMAGE	BODY PART: _____ CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.): _____ <input type="radio"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER)    OTHER: _____ <input type="radio"/> AMBULANCE, TAKEN TO: _____    CITY: _____ <input type="radio"/> FATALITY	
OCCASION	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____ _____ _____	
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED: _____ _____ _____	
WITNESSES (If known)	NAME: _____ ADDRESS: _____ PHONE: (____) _____	NAME: _____ ADDRESS: _____ PHONE: (____) _____
INSURED	NAME OF INSURED: _____	POLICY #: _____
	CLUB NAME: _____	PHONE: (____) _____
	CITY: _____	STATE: _____
INSURED REPRESENTATIVE	<input type="radio"/> COACH <input type="radio"/> OFFICIAL <input type="radio"/> TRAINER <input type="radio"/> PROMOTER <input type="radio"/> TEAM/LEAGUE REPRESENTATIVE <input type="radio"/> OTHER: _____	
	NAME: _____	PHONE: (____) _____
	TITLE: _____	ORGANIZATION: _____
	SIGNATURE: _____	DATE: _____

**COMPLETE ALL SECTIONS AND FAX OR MAIL IMMEDIATELY TO:**  
**K&K INSURANCE GROUP, INC., P.O. BOX 2338, FORT WAYNE, IN 46801-2338**  
THIS FORM MUST INCLUDE THE INSURED NAME, POLICY NUMBER, AND SIGNATURE OF THE INSURED/REPRESENTATIVE BEFORE RETURNING OR PROCESSING MAY BE DELAYED





Ph: (631) 269-9696  
Fax: (631) 269-9656  
121 Pulaski Road, Kings Park, NY 11754  
Email: paddlesports@jacka-liquori.com



# PARTICIPANT ACCIDENT PRIMARY INSURANCE FORM

Insured Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**IT IS IMPORTANT THAT ALL INFORMATION REQUESTED ON THIS CLAIM FORM BE FURNISHED.  
OMISSION OF VITAL INFORMATION WILL CAUSE DELAY IN CLAIM PROCESSING.  
TO BE COMPLETED BY INJURED PERSON OR PARENT**

## PART II

MEDICAL BENEFITS UNDER THIS POLICY MAY PROVIDE PRIMARY, EXCESS OR A COMBINATION OF BOTH COVERAGES. UPON RECEIPT OF THIS CLAIM FORM, AN ACKNOWLEDGEMENT LETTER WILL BE SENT TO YOU ADVISING WHAT SPECIFIC BENEFITS YOU ARE ENTITLED TO.

IF THE MEDICAL BENEFIT IS EXCESS, YOUR CLAIM SHOULD BE SUBMITTED TO THE INSURANCE COMPANY PROVIDING COVERAGE TO YOU THROUGH YOUR OWN OR YOUR PARENT'S PERSONAL HEALTH PLAN, YOUR EMPLOYER OR GOVERNMENTAL HEALTH PLAN. AFTER OTHER INSURANCE BENEFITS HAVE BEEN SUBMITTED, YOU SHOULD FORWARD A COPY OF THE OTHER INSURANCE COMPANY'S EXPLANATION OF BENEFITS AND THE CORRESPONDING ITEMIZED MEDICAL STATEMENTS. IF YOUR INSURANCE COMPANY DENIES BENEFITS, SEND A COPY OF THEIR DENIAL.

WE WILL NOT PROCESS YOUR CLAIM WITHOUT EMPLOYER INFORMATION. IT IS IMPERATIVE THAT WE RECEIVE ALL DATA REQUESTED. TIMELY RECEIPT OF REQUESTED INFORMATION WILL HELP EXPEDITE PROCESSING OF YOUR CLAIM.

INJURED PERSON: \_\_\_\_\_  
FATHER'S NAME (if injured is a minor): \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_

GROUP INSURANCE COMPANY: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
INSURANCE COMPANY ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

SPOUSE'S NAME (if applicable): \_\_\_\_\_  
MOTHER'S NAME (if injured is a minor): \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_

GROUP INSURANCE COMPANY: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
INSURANCE COMPANY ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

**QUESTIONS REGARDING INCOME ARE ONLY APPLICABLE IF POLICY AFFORDS WEEKLY INDEMNITY BENEFITS.**

REGULAR WEEKLY INCOME: \_\_\_\_\_  
ON WHAT DATE DID YOU, OR DO YOU EXPECT TO, RESUME WORK? \_\_\_\_\_

INCOME LOST PER WEEK DUE TO INJURY: \_\_\_\_\_  
ON WHAT DATE DID YOU, OR DO YOU EXPECT TO, RESUME RACING AND/OR PARTICIPATE IN A RACING EVENT? \_\_\_\_\_

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE K&K OR ITS REPRESENTATIVES TO FURNISH TO ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY INSURANCE CARRIER, ANY AND ALL INFORMATION WITH RESPECT TO THE ACCIDENTAL INJURY FOR WHICH I AM CLAIMING INSURANCE BENEFITS.

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY INSURANCE CARRIER OR EMPLOYER, TO FURNISH TO K&K OR ITS REPRESENTATIVES ANY AND ALL INFORMATION WITH RESPECT TO ANY SICKNESS OR INJURY, MEDICAL HISTORY, CONSULTATION, PRESCRIPTIONS, OR TREATMENT, AND COPIES OF ALL HOSPITAL, MEDICAL, OR INSURANCE RECORDS INCLUDING, BUT NOT LIMITED TO, INFORMATION REGARDING OTHER INSURANCE COVERAGES. I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL.

I UNDERSTAND THIS AUTHORIZATION IS NECESSARY TO FACILITATE THE OBTAINING AND PROVIDING OF INFORMATION NEEDED TO QUICKLY PROCESS MY CLAIM.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please Note: If injured person is a minor, signature must be of parent or legal guardian.**



## PARTICIPANT ACCIDENT PRIMARY INSURANCE FORM INSTRUCTIONS

(NOTE To the Participant/Parent/Guardian: Report and Claim Form will be returned if not fully completed and signed.)

---

### Basic Procedures for Submitting the Incident Report and Participant Accident Insurance Claim Form

1. The insurance coordinator, coach or league representative, official, trainer, promoter will complete the incident report (front). If the policy provides accident medical coverage and the injured party was an event participant, the form should be given to the participant or parents to complete the participant accident medical insurance claim form (Part II).
  2. The participant or participant's parents/guardian will complete the form, detach if from the instruction page, and forward it to K&K Insurance Group, Inc.
  3. IF CLAIM INVOLVES INJURY TO A SPECTATOR OR PROPERTY DAMAGE, ONLY THE INCIDENT REPORT NEED BE COMPLETED.
- 

### To the Participant/Parent/Guardian:

Attach current itemized physician, hospital, or other provider's bills for accident medical expenses being claimed as well as the primary carrier's Explanation of Benefits showing their payments and denials. These bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred and the charges made.

MAIL TO:

**Paddlesport**  
Risk Management, LLC

KAYAK CANOE OUTRIGGER DRAGON BOAT SUP

Ph: (631) 269-9696

Fax: (631) 269-9656

121 Pulaski Road, Kings Park, NY 11754

Email: [paddlesports@jacka-liquori.com](mailto:paddlesports@jacka-liquori.com)

