



**State Associations of United States Bowling Congress
Non Profit Directors and Officers Liability Application & Warranty Letter
Tokio Marine Specialty Insurance Company**

Instructions: Please type or print clearly. Answer ALL questions completely. This form must be fully completed, dated and signed by the President or Board Chairman of the association applying for this insurance.

Association Name & USBC Number: _____

Principal Address: _____

City/State/Zip: _____

Contact Person: _____ Phone #: _____ Email: _____

Total Number of Association Members: _____

Warranty Section:

Within the last 5 years, has any claim been made, or is now pending, against the Organization, or any person proposed for this insurance in the capacity of Director, Trustee, Officer, or Employees? If yes, please provide details.

___ Yes ___ No

Is any person proposed for this insurance cognizant of any fact, circumstance or situation which may result in a claim against the Organization or any of its Directors, Trustees, Officers, or Employees? If yes, please provide details.

___ Yes ___ No

Signature: _____

Printed Name & Title: _____

Date: _____

Please forward the completed application to **Frost Insurance, 640 Taylor St, Fort Worth, TX 76102** by August 1st but no later than December 27th.

The anniversary date of coverage is August 1st. Applications received after September 30th will be effective the first of the month following receipt of the application, and will expire the following August 1st. There is no pro-rata in the premium cost. Applications **will not be accepted after December 27, 2025**. Upon acceptance of your application you will be sent a coverage confirmation document.

If you have questions or need assistance with these insurance programs, contact Jim Dickenson at Frost Insurance. 1.888.767.3627 or e-mail at jim.dickenson@frostinsurance.com or Lucy Anderson at lucy.anderson@frostinsurance.com.