

Local 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 Numb | er: | |
|--|---|--|
| Principal Address: | | |
| City/State/Zip: | | |
| Contact Person: | Phone #: | _Email: |
| Total Number of Association Mem | bers: | |
| | im been made, or is now pending, ag or, Trustee, Officer, or Employees? I | gainst the Organization, or any person proposed for this f yes, please provide details. |
| Yes No | | |
| | urance cognizant of any fact, circum ctors, Trustees, Officers, or Employe | stance or situation which may result in a claim against ees? If yes, please provide details. |
| Yes No | | |
| Signature: | | |
| Printed Name & Title: | | |
| Date: | | |
| | s premium in the section below. Mal Frost Insurance, 640 Taylor St. F | ke your check payable to Frost Insurance and forward ort Worth, TX 76102 |
| Local Membership Annual Prem | | Annual Premium 210 |
| Up to 1000 members 1001 to 3500 members | | 463 |
| 3501 members and over | • | 661 |
| | | |

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-ration 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 juu.anderson@frostinsurance.com.