

REGATTA LIABILIY INSURANCE APPLICATION

	Expiration date:	
	is required for purchasing this Regatta Liability insurance.)	
Address:		
City:	State: Zip:	
Contact Person:		
Number of annual regattas	planned:	
If you require Additional In	asureds, please list them below:	
If you require Additional In	-	
If you require <i>Additional In</i> Name 1	Address Address	
If you require <i>Additional In</i> Name 1 2	asureds, please list them below: Address	
If you require Additional In Name 1 2 3	Address Address	
If you require Additional In	Address Address	

Calculate your Premium:

\$______ (for \$1,000,000 Regatta Liability)

+ \$_____(add \$100 if any "Additional Insureds" indicated above)

\$____Total Premium Enclosed

The premium for this policy is fully earned and cannot be refunded.

Payment Information: Please make check payable to **Gowrie, Barden & Brett, Inc.** and mail with your signed application to: 70 Essex Road, Westbrook, CT 06498.

Important Information:

- 1. Coverage will be bound only upon receipt of your application and payment.
- 2. The regatta liability policy is written on an annual basis. Coverage will begin upon receipt of your premium payment and continue for one full year. Policies will automatically renew at expiration.
- 3. The applying organization's limit of Regatta Liability protection is \$1,000,000.
- 4. US SAILING membership is required.

