

PSA LIABILITY INSURANCE ENROLLMENT FORM – 2016/2017



THERE ARE TWO WAYS TO ENROLL

1. Visit the PSA website at: www.skatepsa.com. Click on the Liability insurance tab and follow the online enrollment process/links to <http://www.esixglobal.com/psa>
2. Mail your completed enrollment form to ESIX at 2727 Paces Ferry Road, Building Two, Suite 1500, Atlanta, GA 30339 along with a check payable to ESIX in the amount of the annual premium listed below (\$94).

APPLICATION INSTRUCTIONS AND PROCEDURES

1. You must be a current PSA member to qualify for insurance.
2. Please type or print CLEARLY and LEGIBLY.
3. No abbreviations are allowed except the state.
4. All insurance questions should be directed to ESIX (678-324-3300 x 122 or esix@esixglobal.com).
5. Non-sufficient fund (NSF) checks will not be tolerated. They could jeopardize any further option for insurance coverage.
6. COVERAGE IS AVAILABLE TO ACTIVE PSA MEMBERS ONLY. ALL COVERAGES EXPIRE ON JULY 1, 2017 OR UPON TERMINATION OR LAPSE OF YOUR PSA MEMBERSHIP
7. Request for additional insured status must be received in writing.

REQUIRED INFORMATION:

Name of Instructor:	PSA #:	
Home Address:		
City:	State:	Zip Code:
Daytime Telephone:	Fax Number:	
Email:		

COST - \$94.00 Checks payable to: ESIX 3 LLC

I UNDERSTAND THE FOLLOWING:

- The PSA insurance policy runs from July 1, 2016 to July 1, 2017.
- Coverage becomes effective on the day the enrollment form and premium payment are received by ESIX.
- Coverage is available to active PSA members only. All coverage expires on July 1, 2017, or upon termination/lapse of your PSA membership.
- You are automatically covered at each rink you teach at through this policy subject to the standard policy/coverage terms and conditions (and *subject to the approval of a completed application form and receipt of premium payment*).
- Additional insured status can be granted to third party entities through an additional insured certificate request.
- Applicant agrees he/she has not been charged and/or convicted of any crime or felony in the past 10 years.
- Applicant agrees that he/she has not been subject of any allegations or charges of sexual abuse and/or misconduct.
- Collection of a signed waiver and release form from all participants is **highly recommended** by the insurance company. (*Please keep a copy of these forms on file for future reference and claims handling purposes*).

I HEREBY AGREE TO THE ABOVE TERMS

Signature:	Date:
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FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION):

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to the terms as provided above.

Signature:	Date:
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**PSA CERTIFICATES OF INSURANCE
COMPLETE NAME AND ADDRESS REQUIRED**

Please list all entities (rinks, clubs, etc.) which require a CERTIFICATE OF INSURANCE (proof of coverage).

All additional insured certificates will include the following language:

ADDITIONAL INSURED: The Certificate holder is only an Additional Insured with respect to liability caused by the negligent acts or omissions of the Named Insured

EXCLUSION-DESIGNATED ACTIVITY, SERVICE OR WORK: Services provided by registered coaches of Professional Skating Association whose primary residence (as per the enrollment form completed) is not located in the United States of America (including its territories and possessions), Puerto Rico and Canada while performing those services outside of the United States of America (including its territories and possessions), Puerto Rico and Canada.

Rink, Club, etc.: _____

Address: _____

City/State: _____ Zip: _____

Rink, Club, etc.: _____

Address: _____

City/State: _____ Zip: _____

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City/State: _____ Zip: _____

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PLEASE ATTACH A SEPARATE SHEET WITH ADDITIONAL REQUESTS