"PEACE of MIND" ENDORSEMENT

General Liability Extension for Certified Teams, Leagues and Associations

Contact Name: _____

Team/League/Association Name: _____

Contact Address: _____

Contact Phone #: _____ Contact Email: _____

(Note: The requested endorsement will be emailed to contact)

Complete the following to confirm that you are a "Certified Organization" (Team, League or Association) who follows this 2-step procedure for verifying 100% US Lacrosse membership

1. Yes ____ / No ____ We have written by-laws or guidelines that require all players and coaches (for teams or leagues) or all officials (for officials' associations) to be registered members of US Lacrosse in order to participate.
2. We have a systematic membership verification process to ensure that all participants are members for the duration of the season (check which method applies):
   - _____ All members sign up through Registration website which requires their current US Lacrosse membership # (such as USLaxTeams.com or League Athletics)
   - _____ Manual membership checks are done through www.USLacrosse.org by our Team or League Registrar
   - _____ Participant spreadsheet is sent to US Lacrosse membership department for verification
   - _____ Other _____

Name of Entity: List below the full name and address of organization/entity to be added to the Peace of Mind Endorsement (one per endorsement)

There is a $50 charge for each "Peace of Mind" endorsement request per policy term (1/1 to 12/31). This charge cannot be pro-rated.

Payment Information:

Amount charged: $_____

Method of Payment: _____ Check _____ Visa _____ MasterCard _____ American Express _____ Discover

Name of Cardholder: _____

Credit Card # _____ Exp. Date _____

Signature of Cardholder _____

Verification: I attest that the Certified Team, League or Association on whose behalf I am requesting this endorsement mandates 100% membership in US Lacrosse. In addition, I have verified our roster using one of the above mentioned procedures, and all participants are currently registered members of US Lacrosse.

Signature _____ Date _____

Please allow 2 – 3 business days to process the endorsement. If paying by check, please submit payment to Bollinger Insurance PO Box 390, Short Hills, NJ 07078. Please make checks payable to "Bollinger, Inc."

Questions? Call Bollinger at 1-800-350-8005 ext. 5 or email at LaxInfo@Bollinger.com

Fax Number: 973-921-2876 Attention: Lacrosse Administrator