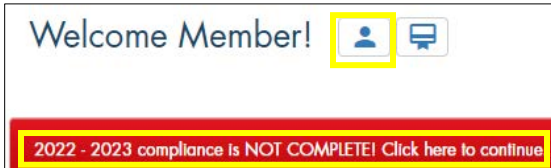














1. Access [Members Only](#).
2. Click the red “Compliance is NOT COMPLETE!” bar. If you do not have a red “Compliance is NOT COMPLETE!”, click the person icon next to your name, then select the compliance tab.



3. Click [Purchase Insurance through American Specialty here](#).

Coach Compliance

	SafeSport Online Training (Not Started)	Begin
	Background Check (Not Started)	Begin
	Membership (Not Started)	
	Code of Ethics (Not Started)	Begin
	Coach Education Requirement* (Not Started)	
	Liability Insurance (Not Started)	Begin
	Waivers and Release (Not Started)	
	Medical Consent (Not Started)	
	Name and Likeness Release (Not Started)	
	PSA Membership **	

*CER data is uploaded to our system as time allows; it is recommended that coaches keep the completion certificate as proof until the record is updated.
**Full PSA Membership is required to coach at qualifying levels of qualifying competitions and Team USA coaches. Status will be updated daily based on data from PSA.

[Purchase Insurance through American Specialty here](#)

4. Click Purchase.

Coverage is available for most clubs for the following premium:


\$550 (plus \$25 Purchasing Group Membership Fee) for a \$1,000,000 limit
\$850 (plus \$25 Purchasing Group Membership Fee) for a \$2,000,000 limit

To obtain the final premium and fees for your club, click the “Purchase” button below.

Please note that this Policy is written on a claims-made basis. An extended reporting period may be available on this Policy. Please refer to the Policy Form or contact us for details.

View our complete benefit summary for additional information.

Purchase Insurance Online in Minutes!

 U. S. Figure Skating club members, purchase Directors & Officers Liability insurance for your organization via our secure website.**

[PURCHASE](#)



5. Complete the **entire** Questionnaire/Eligibility form (Questions 1-14), fill in club information, and then click Continue.

Questionnaire/Eligibility

Please enter all information on the screen.

Club Name

Address

City

State

Zip

County

Website

Year Established

State of Incorporation

Continue

6. Enter required Policy Information, agree to Fraud Notice and Purchasing Group Agreement.

Policy Information

Contact Name
Contact Name must have some value.

Address
Address must have some value.

City/State/Zip
City/State/Zip must have some value. must have some value. must have some value.

E-mail Address
E-mail Address must have some value.

Title

Phone

Fraud Notice
The applicant hereby represents and confirms that the information provided, to the best of the applicant's knowledge, is true and correct and further certifies that applicant has read all of the questions and answers on this application. The applicant understands that incorrect information could void the insurance coverage. The applicant understands that any false or misleading information on

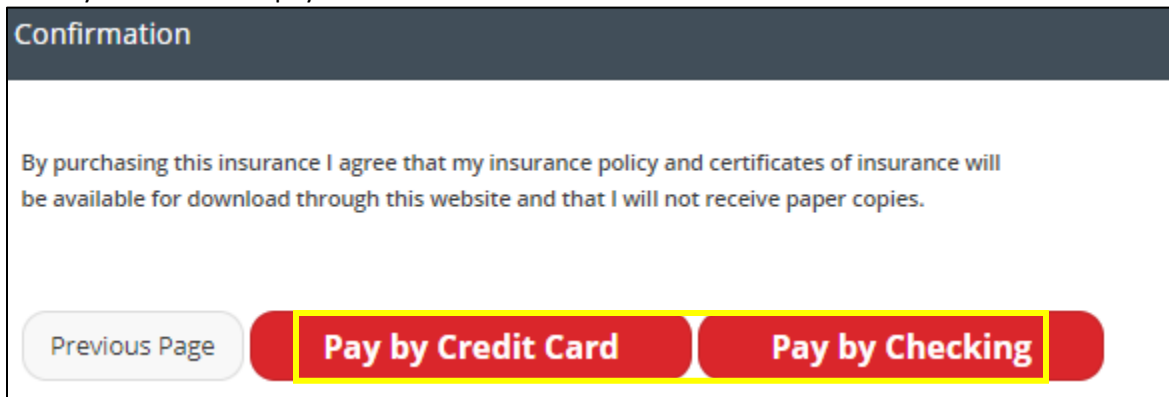
Please check this box to confirm that you have read and agree to our fraud notice.

Purchasing Group Agreement
This American Specialty Sports & Entertainment Purchasing Group has been organized as a purchasing group in Indiana, pursuant to legislation enacted by the US Congress as the Federal Liability Risk Retention Act of 1986. You become a member of the purchasing group once your completed application has been

Please check this box to confirm that you have read our purchasing group agreement.

Previous Page **Continue**

7. Select your method of payment.

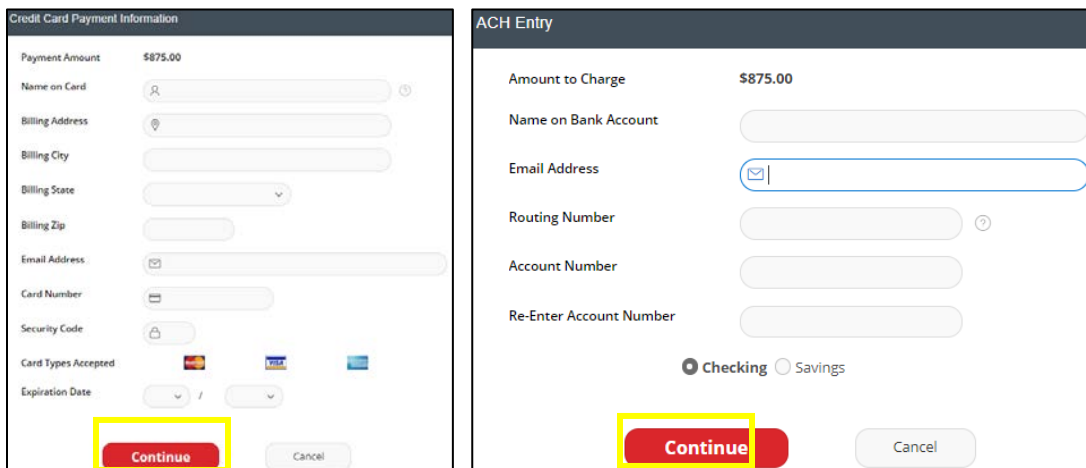


Confirmation

By purchasing this insurance I agree that my insurance policy and certificates of insurance will be available for download through this website and that I will not receive paper copies.

[Previous Page](#) **Pay by Credit Card** **Pay by Checking**

8. Enter credit card or ACH information and click continue.



Credit Card Payment Information

Payment Amount: \$875.00

Name on Card:

Billing Address:

Billing City:

Billing State:

Billing Zip:

Email Address:

Card Number:

Security Code:

Card Types Accepted:

Expiration Date: /

Continue [Cancel](#)

ACH Entry

Amount to Charge: \$875.00

Name on Bank Account:

Email Address:

Routing Number:

Account Number:

Re-Enter Account Number:

Checking Savings

Continue [Cancel](#)

After payment has been submitted successfully, you will receive a confirmation email from American Specialty containing your policy and insurance certificate.

To retrieve a saved D&O Quote, Report a Claim, review Benefit Summary or asked questions, click [here](#).

For general questions regarding D&O Insurance, contact memberservices@usfigureskating.org.