

STATE USBC ASSOCIATION OFFICERS & DIRECTORS REPORT

Season: _____

Association Name: _____ Association #: _____

Association E-mail: _____ State Dues: \$ _____

PLEASE COMPLETE THE INFORMATION BELOW TO ENSURE BONDING COVERAGE

AUTOMATIC BONDING, BURGLARY AND HOLDUP INSURANCE

Each association is automatically bonded in the sum of \$10,000 for **each season**. If additional coverage is needed **each season**, please list the amount necessary in the space below and initial to verify that this is the amount of coverage needed. This should not exceed your total amount of operating funds and reserves at any one time during the season.

Coverage (amount) requested: \$ _____ Initial: _____

You will receive confirmation of the additional bonding coverage after it has been processed.

Please see the *USBC Association Policy Manual* for details of the bonding, burglary and holdup insurance program

THIS MUST BE DONE EACH YEAR TO RECEIVE THE ADDITIONAL BONDING AMOUNT.

Please list the position, National ID#, term starting/ending dates, complete names, addresses, phone numbers, and E-mail addresses for all Officers & Directors in the association. Send this form to USBC Headquarters by fax to (817) 385-8260, or mail to 621 Six Flags Drive, Arlington, TX 76011, or E-mail to bowlinfo@bowl.com. For further information, contact the Bowling Information Center (BIC) at 800-514-2695, Ext. 8953, or contact your Regional Manager.

Position: _____ National ID# _____
Term Begins: _____ Term Ends: _____
Name: _____
Address: _____
City: _____
State: _____
Phone: _____
E-mail: _____

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Position: _____ National ID# _____ Term Begins: _____ Term Ends: _____ Name: _____ Address: _____ City: _____ State: _____ Phone: _____ E-mail: _____	Position: _____ National ID# _____ Term Begins: _____ Term Ends: _____ Name: _____ Address: _____ City: _____ State: _____ Phone: _____ E-mail: _____
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