



2017 LIABILITY INSURANCE For County HCE Organizations and HCE Clubs

Due Date: January 10, 2017

\$1,000,000 Liability Insurance coverage is available to county HCE organizations and individual HCE clubs for an annual premium through WAHCE's liability insurance carrier: General Casualty Insurance Company of Wisconsin. Since individual HCE club events are not covered under the county policy, county clubs that sponsor annual events that are open to the public must obtain their own liability insurance coverage. Please remember that this insurance does not provide liability coverage for our members. It protects our organization if illness, injury or property damage results in a lawsuit against the club, county or state HCE organization.

WAHCE pays a premium for the state's coverage, and each county or club must pay an additional premium for county/club coverage. In 2017, the county/club premium is \$ 85.00.

If your county or club wishes to take advantage of this liability insurance protection, please fill out this form and mail it along with the premium payment to the WAHCE Treasurer **before January 10, 2017**. It is not necessary to list the dates or types of events. If insured, all of your events during 2017 are covered automatically. A confirmation notice (Certificate of Insurance) will be sent to the person listed below within a month after the due date.

Because of the extra handling necessary to accommodate late requests, there will be a \$5.00 late fee for insurance requests that are mailed after the January 10th due date.

Mail to: **WAHCE Treasurer Judy Bender**
N1440 Spring Lake Drive, Dalton 53926
(To avoid the \$5.00 late fee, mail BEFORE January 10th!)

WAHCE LIABILITY INSURANCE for 2017 County / Club Liability Insurance Request Form

_____ YES – Our county / club wishes to obtain liability insurance coverage for 2017.

Enclosed is our check for **\$85.00** made payable to WAHCE, Inc. **\$90 AFTER 1/10/17.**

Name of County/Club	
Name of Treasurer	
Mailing Address	
Email Address:	

The Certificate of Insurance will be sent to this person.)

_____ NO – Our county / club does not wish to purchase this liability insurance coverage.
IF NOT, is your county covered under other insurance coverage? Yes No

Please name insurance carrier _____