



**Amateur Sports Teams, Leagues & Associations
Optional Coverages Supplemental Request Form**

This supplemental is valid for effective dates from 3/1/23 through 2/29/24

Please retain a copy of this form for your records.

**GENERAL
INFORMATION**

Named insured (as it appears on your certificate of insurance): _____
Policy number (as it appears on your certificate of insurance): _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Contact name: _____ Phone: (____) _____
Cell: (____) _____ Fax: (____) _____
E-mail: _____ Website: _____

EXPOSURE INFORMATION

Please check the optional coverage(s) you are seeking:

Notes:

- You must submit this request form prior to the effective date needed
- Coverage will be made effective the day after this request form and payment are received by us, or on a later date that you may specify
- Coverage must follow the same coverage commercial general liability options purchased for your team, league or association and sport and age group
- Hosted Tournament coverage is only available for Class B and Class C sports
- Premiums are 100% fully earned and non-refundable upon inception

HOSTED TOURNAMENT OPTIONAL COVERAGE

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Hosted tournaments must be 3 days or less in duration.

Event name: _____
Event date(s): ____/____/____ to ____/____/____ Event hours: ____ A.M./P.M. to ____ A.M./P.M. _____
Location: _____
Sport type: _____ Age group: _____ Total spectator attendance: _____

PREMISES LIABILITY OPTIONAL COVERAGE

This coverage provides premises liability coverage for those organizations that are a not-for-profit organization and own, operate or are responsible for a sports field(s) on a 24 hour basis and do not rent, donate or lease the field(s) to other organizations.

Effective date needed: ____/____/____ to ____/____/____

Are you a not-for-profit organization? Yes No

Do you rent, donate or lease the field(s) to other organizations? Yes No

Physical address for sport field(s): _____
Address City State Zip

**K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-426-2889 • Fax 1-260-459-5105
www.kandkinsurance.com**

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

Options	Hosted Tournament Rates/Premium Calculation per Tournament Choose the option that has the same limit and deductible option as your team/league/organization coverage. If options 1-6 do not match, please fill in your limits and deductible in option 7 along with the number of non-rostered participants and we will provide you with a quote on the cost to add your hosted tournament.			
Option 1 \$1,000,000 CGL Limit \$25,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 2.31	<input checked="" type="checkbox"/> X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	= \$ _____ Hosted Tournament Premium (\$200.00 minimum premium applies)
Option 2 \$2,000,000 CGL Limit \$100,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 4.39	<input checked="" type="checkbox"/> X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	= \$ _____ Hosted Tournament Premium (\$275.00 minimum premium applies)
Option 3 \$2,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 4.73	<input checked="" type="checkbox"/> X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	= \$ _____ Hosted Tournament Premium (\$300.00 minimum premium applies)
Option 4 \$3,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 5.02	<input checked="" type="checkbox"/> X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	= \$ _____ Hosted Tournament Premium (\$325.00 minimum premium applies)
Option 5 \$4,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 5.19	<input checked="" type="checkbox"/> X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	= \$ _____ Hosted Tournament Premium (\$340.00 minimum premium applies)
Option 6 \$5,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 5.32	<input checked="" type="checkbox"/> X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	= \$ _____ Hosted Tournament Premium (\$351.00 minimum premium applies)
Option 7 _____ CGL Limit _____ Med Pay _____ Deductible	<input type="radio"/> \$ _____	<input checked="" type="checkbox"/> X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	= \$ _____ (_____ minimum premium applies)

Options	Premises Liability Rates/Premium Calculation Choose the same CGL limit for this option that was purchased for your team/league/organization.					
Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$ 12.71	X	_____	=	\$ _____	
	\$ 50.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 2 \$2,000,000 CGL Limit	<input type="radio"/> \$ 19.06	X	_____	=	\$ _____	
	\$ 75.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 3 \$3,000,000 CGL Limit	<input type="radio"/> \$ 22.24	X	_____	=	\$ _____	
	\$ 88.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 4 \$4,000,000 CGL Limit	<input type="radio"/> \$ 24.15	X	_____	=	\$ _____	
	\$ 95.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 5 \$5,000,000 CGL Limit	<input type="radio"/> \$ 25.55	X	_____	=	\$ _____	
	\$ 101.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Total Premium Due						
Total Premium Due: (add all premium calculations above)					\$	

Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

- When is this certificate needed? : ____ / ____ / ____
- This certificate is for: Hosted Tournament Coverage Premises Liability for Sports Fields Coverage
- What is the additional insured's relationship to you?
 Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter Sports Governing Body
 Other (please identify/explain): _____

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

- Certificate holder/additional insured name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
- Does the certificate holder/additional insured require any special wording or endorsements? Yes No
If yes, check all that apply: CG2026 Primary Waiver of subrogation
 Other (please explain): _____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

- For specific events: Date(s) of event/activity: ____ / ____ / ____ to ____ / ____ / ____
Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M.
Type of event/activity: _____ Name of event/activity: _____
Location of event/activity: _____

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

PAYMENT OPTIONS

Submit completed supplemental and payment to:

Applicant business name: _____ Effective date: _____

PAY BY ACH (Bank Account):

- **E-mail** info@sportsinsurance-kk.com
or
- **Fax** 1-260-459-5105

I (we) authorize K&K Insurance Group to initiate a single electronic debit from the account shown below:

Name on Bank Account: _____ Bank Name: _____

Draft Amount : \$ _____ Checking, or Savings

Bank Account Routing/Transit Number* _____ Bank Account Number* _____

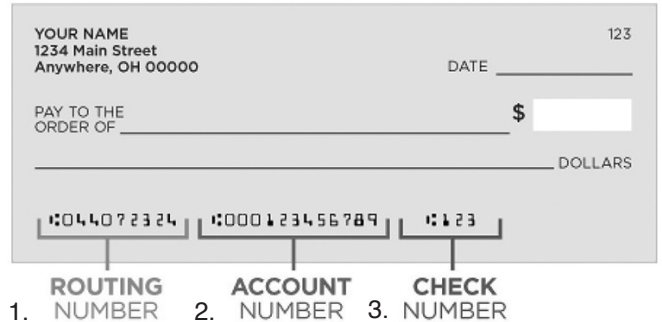
*See below for an explanation of where to locate these two sets of numbers on your bank check.

Authorized Signature(s) - (Not required if authorization by phone by K&K) Date: _____

Authorized Signature(s) - (Not required if authorization by phone by K&K) Date: _____

EXPLANATION OF CHECK NUMBERS

1. Bank Routing/Transit Number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



PAY BY CHECK: (Payable to K&K Insurance Group)

- **Mail**
 - Regular Mail
K&K Insurance
Amateur Sports RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338
 - Overnight Mail
K&K Insurance
Amateur Sports RPG Program
1712 Magnavox Way
Fort Wayne, IN 46804

PAY BY CREDIT CARD:

- **Fax only** 1-260-459-5105
 - VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Cardholder phone number: (____) _____

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.