



Amateur Sports Teams, Leagues & Associations Supplemental Request Form

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

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, or on a later date that you may specify
- All participants are required to be reported. TBD numbers cannot be accepted.
- A roster may be requested as verification
- Refer to the Amateur Sports Teams, Leagues & Association brochure for sport eligibility, coverage option classifications and rates. For limits above \$2,000,000, please contact us for a quote.

Check one:

Adding additional participants to existing sport and age group

Adding new sport and/or age group

Effective date needed: ____/____/____

| Sport | Class A or B | Coverage Option | Age Group | # of Participants | X | Rate | = | Premium |
|---|-----------------|--------------------|-----------|----------------------|---|------|---|---------|
| | | | | | X | \$ | = | \$ |
| | | | | | X | \$ | = | \$ |
| | | | | | X | \$ | = | \$ |
| | | | | | X | \$ | = | \$ |
| | | | | | X | \$ | = | \$ |
| Premium Due: Add all premium lines above to obtain premium due | | | | | | | | \$ |
| Florida Applicants Premium Due: | | | | | | | | \$ |
| Premium Due: \$ _____ x 1.013 = | | | | | | | | \$ |

CERTIFICATE REQUESTS

Complete this section to request a certificate. Provide separate requests for each additional certificate needed.

Date needed by: ____/____/____

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Other: _____

Special certificate language needed (please explain/attach): _____

If applicable:

RE: 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: _____

MAILING INSTRUCTIONS

Submit completed supplemental form, with payment, to K&K.

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

Regular: K&K Insurance Group, Inc.
TLA RPG
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.
TLA RPG
1712 Magnavox Way
Fort Wayne, IN 46804

K&K USE ONLY

Rec: ____/____/____ Policy #: _____ Cert #: _____ Insured #: _____

Opt: _____ Premium: \$ _____ Eff/Exp: ____/____/____ to ____/____/____

Comments: _____

Opt Form: 2026 2011 2404 8016 8018 876 Delivery: M F E Date: ____/____/____

PAYMENT INFORMATION

100% of the premium is due upon receipt of this supplemental.

Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ 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 _____