



Martial Arts Schools & Programs Hosted Tournament Supplemental Request Form

Hosted tournaments are those you organize and operate that include participants who are not active members of your organization or school. Hosted tournaments must be 7 days or less in duration.

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

Note:

- You must submit this request form prior to the effective date needed
- Medical payments for participants coverage is not available with this coverage
- Hosted tournament premiums are 100% fully earned and non-refundable once the tournament begins
- Competitions/Events/Tournaments with any of the following styles or similar styles of martial arts are not eligible for this coverage: Dim mak, Haganah, Kali/escrima, Mixed martial arts, Sayoc kali, Thai boxing, Muay thai, Ultimate/extreme/cage fighting

If you have over 500 non-rostered participants in your hosted tournament, please contact K&K Insurance.

Premium is determined by applying the appropriate rate for the coverage option selected to your non-rostered participant count. Choose the same limit option selected for your school or organization. For multiple hosted tournaments, complete separate requests with the information provided below for each tournament.

Tournament Information

Event name: _____

Event dates: ____/____/____ to ____/____/____ Event hours: ____ A.M./P.M. to ____ A.M./P.M.

Location: _____

Options	# of Non-rostered Participants per Tournament					
	1-50 participants	51-100 participants	101-500 participants	Florida Applicants		
				1-50 participants	51-100 participants	101-500 participants
Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$ 185.37	<input type="radio"/> \$ 368.42	<input type="radio"/> \$ 553.79	<input type="radio"/> \$ 187.78	<input type="radio"/> \$ 373.21	<input type="radio"/> \$ 560.99
Option 2 \$2,000,000 CGL Limit	<input type="radio"/> \$ 278.06	<input type="radio"/> \$ 552.63	<input type="radio"/> \$ 830.69	<input type="radio"/> \$ 281.67	<input type="radio"/> \$ 559.81	<input type="radio"/> \$ 841.49
Option 3 \$3,000,000 CGL Limit	<input type="radio"/> \$ 324.40	<input type="radio"/> \$ 644.74	<input type="radio"/> \$ 969.13	<input type="radio"/> \$ 328.62	<input type="radio"/> \$ 653.12	<input type="radio"/> \$ 981.73
Option 4 \$4,000,000 CGL Limit	<input type="radio"/> \$ 352.20	<input type="radio"/> \$ 700.00	<input type="radio"/> \$1,052.20	<input type="radio"/> \$ 356.78	<input type="radio"/> \$ 709.10	<input type="radio"/> \$1,065.88
Option 5 \$5,000,000 CGL Limit	<input type="radio"/> \$ 372.59	<input type="radio"/> \$ 740.52	<input type="radio"/> \$1,113.12	<input type="radio"/> \$ 377.43	<input type="radio"/> \$ 750.15	<input type="radio"/> \$1,127.59

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 the 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@martialartsinsurance-kk.com
- Fax 1-260-459-5940
- Mail

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

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

FOR 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 Delivery Date:

PAYMENT INFORMATION

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 _____