



# Youth Camp and Clinic Supplemental Request Form

For Adding Additional Camp and/or Clinic Session Dates

This supplemental is valid for effective dates from 3/1/21 through 2/28/22

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 note:

- You must submit this request form prior to the start of your camp and/or clinic
- You must provide the actual or maximum amount of expected campers. TBD numbers can not be accepted
- You may be subject to an audit
- Cancellations must be reported in writing on or before the start of the camp and/or clinic session
- Should you have \$1,000,000 of Sexual Abuse or Sexual Molestation Liability coverage in place with us, you will need to rate for this additional exposure with any increments you may add below on the next page.

1. Do any of your camps include any of the following sports?  Yes  No

If yes, please check those that apply and answer questions a. and b.

<input type="radio"/> Cheerleading	<input type="radio"/> Gymnastics	<input type="radio"/> Roller hockey (quad)
<input type="radio"/> Deck/floor/street hockey	<input type="radio"/> Ice Hockey	<input type="radio"/> Soccer
<input type="radio"/> Field hockey	<input type="radio"/> Inline Hockey	<input type="radio"/> Water hockey
<input type="radio"/> Football	<input type="radio"/> Lacrosse	<input type="radio"/> Wrestling

a. If you suspect an athlete has a concussion, do you have an action plan that includes:

- Immediately removing the athlete from play or practice  Yes  No
- Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?  Yes  No

b. Does your operation involve football?  Yes  No

If yes,

Do you maintain a system for your football activities that includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion?  Yes  No

**Note:** The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course for coaches on their website: [www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html).

**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)

Please complete. Should you have more than 4 camps to add, please provide information on an additional sheet.

**Program Liability**

<b>Rates - Class 1 &amp; 2</b>	<b>Refer to brochure for applicable rates or contact K&amp;K</b>
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**PREMIUM CALCULATION**

Camp #	List All Sessions Individually	Type of Sport/Camp	Rate	X	Actual # of Campers/Participants	=	Premium
1	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
2	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
3	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
4	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
<b>Program Premium Due:</b> Add all premium lines above to obtain premium due							\$

**Sexual Abuse or Sexual Molestation Liability** (optional coverage)

Check one

- I currently have Sexual Abuse or Molestation Liability Coverage in place and need to add the additional participants/parties reported on the prior page to my coverage.
- I would like to add this coverage to my policy.

\* **Note:** If you would like to add this coverage to your policy mid-term, please contact us for additional information on the proper form to complete for review and approval.

Rates: Daily Rate = \$.15		Weekly Rate = \$.45		Overnight/Resident Rate = \$.59			
Camp/Session # (as reported on previous page)	# of Days OR Weeks	X	Daily OR Weekly Rate (from above)	X	#of Campers	=	Premium
		X	\$	X		=	\$
		X	\$	X		=	\$
		X	\$	X		=	\$
<b>Total Sexual Abuse or Sexual Molestation Liability Premium</b>							\$

**PAYMENT DUE**

Program Liability Premium	\$
Sexual Abuse or Sexual Molestation Liability Premium	\$
<b>Total Premium Due</b> (add lines 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.**

**CERTIFICATE REQUEST #1**

- 1. Camp #: \_\_\_\_\_
- 2. When is this certificate needed? : \_\_\_\_/\_\_\_\_/\_\_\_\_
- 3. What is the additional insured's relationship to you?
  - Owner/manager/lessor of premises (facility or venue)  Sponsor  Co-promoter
  - Other (please identify/explain): \_\_\_\_\_

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

- 4. Certificate holder/additional insured name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- 5. 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.**

**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.**

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**CERTIFICATE REQUEST #2**

- 1. Camp #: \_\_\_\_\_
- 2. When is this certificate needed? : \_\_\_\_/\_\_\_\_/\_\_\_\_
- 3. What is the additional insured's relationship to you?
  - Owner/manager/lessor of premises (facility or venue)  Sponsor  Co-promoter
  - Other (please identify/explain): \_\_\_\_\_

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

- 4. Certificate holder/additional insured name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- 5. 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.**

**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@campinsurance-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.

\_\_\_\_\_ Date: \_\_\_\_\_

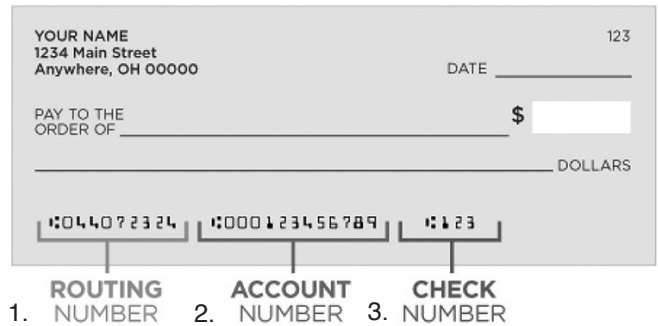
Authorized Signature(s) - (Not required if authorization by phone by K&K)

\_\_\_\_\_ Date: \_\_\_\_\_

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

**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  
Camp RPG Program  
P.O. Box 2338  
Fort Wayne, IN 46801-2338
- Overnight Mail
- K&K Insurance  
Camp 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.