



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

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 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)

**PREMIUM CALCULATION**

Options	<b>Hosted Tournament Rates/Premium Calculation per Tournament</b>			
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	_____ # 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	_____ # 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	_____ # 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	_____ # 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	_____ # 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	_____ # 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	_____ # 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
<b>Total Premium Due</b>						
<b>Total Premium Due:</b> (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.

YOUR NAME 1234  
1234 Main Street  
Anywhere, OH 00000 DATE \_\_\_\_\_ 123

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

⑆044072324⑆ ⑆000123456789⑆ ⑆123⑆

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. CHECK NUMBER

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

• **Mail**

Regular Mail

Overnight Mail

K&K Insurance  
Amateur Sports RPG Program  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

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](http://Aon.com/FATCA) to obtain appropriate W-9.