



# 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
  - 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
  - Hosted tournaments must be 7 days or less in duration

**If you have over 500 non-rostered participants in your hosted tournament, please contact us.**

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
Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$ 185.37	<input type="radio"/> \$ 368.42	<input type="radio"/> \$ 553.79
Option 2 \$2,000,000 CGL Limit	<input type="radio"/> \$ 278.06	<input type="radio"/> \$ 552.63	<input type="radio"/> \$ 830.69
Option 3 \$3,000,000 CGL Limit	<input type="radio"/> \$ 324.40	<input type="radio"/> \$ 644.74	<input type="radio"/> \$ 969.13
Option 4 \$4,000,000 CGL Limit	<input type="radio"/> \$ 352.20	<input type="radio"/> \$ 700.00	<input type="radio"/> \$1,052.20
Option 5 \$5,000,000 CGL Limit	<input type="radio"/> \$ 372.59	<input type="radio"/> \$ 740.52	<input type="radio"/> \$1,113.12

**K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-648-6406 • Fax 1-260-459-5940**  
**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)

**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.**

1. When is this certificate needed? : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. 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

3. Certificate holder/additional insured name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. 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.**

5. 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:

Venue name: \_\_\_\_\_

Venue address: \_\_\_\_\_

**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.**

**100% of the premium is due upon receipt of this supplemental.  
Payment plans are not available with supplemental requests.**

# PAYMENT OPTIONS

Submit a completed supplemental and payment to:

Applicant name: \_\_\_\_\_ Effective date: \_\_\_\_\_

### **PAY BY ACH (Bank Account):**

• **E-mail** info@martialartsinsurance-kk.com

or

• **Fax** 1-260-459-5940

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\* \_\_\_\_\_

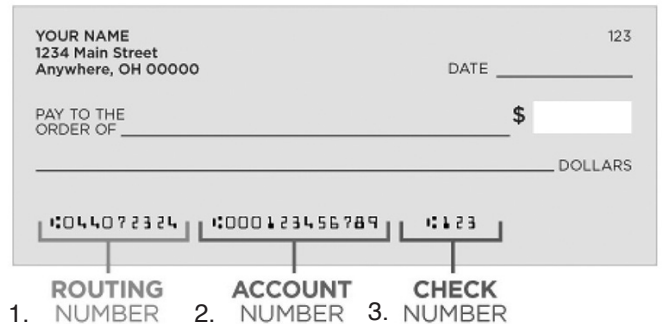
\*See below for an explanation of where to locate these two sets of numbers on your bank check.

\_\_\_\_\_  
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  
Martial Arts RPG Program  
P.O. Box 2338  
Fort Wayne, IN 46801-2338
  - Overnight Mail

K&K Insurance  
Martial Arts RPG Program  
1712 Magnavox Way  
Fort Wayne, IN 46804

### **PAY BY CREDIT CARD:**

- **Fax only** 1-260-459-5940
  - 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.