



Insuring the world's fun!

# Amateur Sports Tournaments and Events Supplemental Request Form

This supplemental is valid for effective dates from 3/1/22 through 2/28/23

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:

- Please provide all information on a per event basis
- You must submit this request form prior to the effective date of event
- 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 commercial general liability coverage/limits currently provided with your policy
- If you have multiple sports for a single coverage tournament or event, please contact us for proper classification
- Premiums are 100% fully earned and non-refundable upon inception of the tournament/event
- Coverage may be subject to review and approval of additional information (e.g.: copy of your brochure or flyer)
- Please contact us prior to completing if you have limits above \$2,000,000.

1. Event information:

Name of event: \_\_\_\_\_ Type of competition/sport(s): \_\_\_\_\_

Dates of event (include set-up and tear-down): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hours of event (include set-up and tear-down): \_\_\_\_\_ A.M. / P.M. to \_\_\_\_\_ A.M. / P.M. \_\_\_\_\_

Event location(s): \_\_\_\_\_

Age group of athletes: \_\_\_\_\_ Total number of athletes: \_\_\_\_\_

Average daily spectator attendance: \_\_\_\_\_ Total spectator attendance: \_\_\_\_\_

2. Does your tournament/event include any of the following sports?  Yes  No

If yes, please check those that apply and answer question #1 as well, #2 if applicable.

Cheerleading (age 19 & under)     Lacrosse (age 19 & under)     Tackle & contact football (age 19 & under)

Deck/floor/street hockey     Roller hockey (quad)     Water hockey (age 19 & under)

Field hockey     Soccer (age 19 & under)     Wrestling (age 19 & under)

Flex Football™ (age 19 & under)

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

a. Immediately removing the athlete from play or practice  Yes  No

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

4. Does your operation involve tackle or contact football?  Yes  No

If yes,

Do you maintain a system for your tackle or contact 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).

Should you carry limits or need limits above \$2,000,000, please contact our office prior to completing this form.

Sport Classification (refer to brochure)	\$1,000,000 CGL and \$25,000 MPP (per participant, per event)		\$2,000,000 CGL and \$25,000 MPP (per participant, per event)		\$1,000,000 CGL Only (per spectator, per event)	\$2,000,000 CGL Only (per spectator, per event)
	Option A	Option A w/Brain Injury Excluded	Option B	Option B w/Brain Injury Excluded	Option F	Option G
Class 1	\$ 1.64	N/A	\$ 2.08	N/A	.25	.38
Class 2	\$ 1.86	N/A	\$ 2.30	N/A	.25	.38
Class 3	\$ 2.17	N/A	\$ 2.61	N/A	.25	.38
Class 4	\$ 2.35*	\$ 2.17	\$ 2.79*	\$ 2.61	.25	.38
Class 5	N/A	N/A	N/A	N/A	.25	.38

\* LIMITED COVERAGE FOR BRAIN INJURY TO SPECIFIED PLAYER - "Brain injury" means concussion, chronic traumatic encephalopathy or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

PREMIUM CALCULATION						
<input type="radio"/> Check here, if you are opting to exclude coverage for brain injury. Please make sure you are using the accurate rate below.						
Coverage Option	Sport Class	Rate (from above)	X	# of Participants or # of Spectators	=	Premium Due (per event)
		\$	X		=	\$

**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? : \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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
- 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 attached 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.**

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](http://www.kandkinsurance.com)

K&K Insurance Group, Inc. is a licensed insurance producer in all states (FL license #L007299, TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

## PAYMENT OPTIONS

Submit completed supplemental and payment to:

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

**PAY BY ACH (Bank Account): THIS OPTION IS ONLY AVAILABLE FOR PURCHASED MADE 15 DAYS OR MORE PRIOR TO THE EFFECTIVE DATE**

- **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 and have attached a voided copy of the check.

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: \_\_\_\_\_

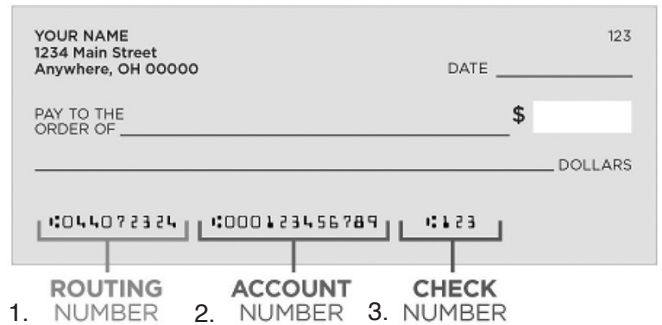
Authorized Signature(s) - (Not required if authorization by phone by K&K)

\_\_\_\_\_ 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  
Tournaments & Events RPG Program  
P.O. Box 2338  
Fort Wayne, IN 46801-2338
  - Overnight Mail

K&K Insurance  
Tournaments & Events 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.