



Amateur Sports Teams, Leagues & Associations Supplemental Request Form

This supplemental is valid for effective dates from 3/1/25 through 2/28/26

Please retain a copy of this form for your records.

Effective Date Needed: ____/____/____

GENERAL INFORMATION

Named insured (as it appears on your Member Certificate): _____
Policy number (as it appears on your Member Certificate): _____
Mailing address: _____
NY Applicants must provide a street address. PO Boxes cannot be accepted.
City: _____ State: _____ Zip: _____
Contact name: _____ Phone: (____) _____
Cell: (____) _____ Fax: (____) _____
E-mail: _____ Website: _____

EXPOSURE INFORMATION

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, or on a later date that you may specify
- All participants were required to be reported. TBD numbers cannot be accepted.
- A roster may be requested as verification

Check one:

- ☐ **Adding additional participants to existing sport and age group**
- If you purchased CGL limits above \$2,000,000 and/or have a Medical Payments to Participant limit different than shown and/or a deductible higher than \$100, **please contact us prior to completing this form for the proper rates to use.** (Continue to the next page for additional participant rating)
- ☐ **Adding new sport and/or age group**
- If you purchased CGL limits above \$2,000,000 and/or have a Medical Payments to Participant limit different than shown and/or a deductible higher than \$100, **please contact us prior to completing this form for the proper rates to use.**
 - You must complete questions 1 - 4 below before proceeding to rate a new sport and/or age group.

1. Are you a member of any of the following organizations (check those that apply)

- ☐ No, we are not a member of any of these organizations
- | | |
|---|--|
| <input type="radio"/> American Legion Baseball | <input type="radio"/> World Adult Kickball Association (WAKA®) |
| <input type="radio"/> Babe Ruth/Cal Ripken Baseball | <input type="radio"/> Pop Warner |
| <input type="radio"/> Babe Ruth Softball | <input type="radio"/> Soccer Association for Youth, USA (SAY Soccer) |

2. Are any of these true statements?

☐ Yes ☐ No

- You compensate players or award prize money for participation
- You are a school sanctioned sports team or league
- You are a gymnastics, martial arts, cheer or dance studio
- You hold your activities on private residential property
- You own or operate a pool

3. Do you have concussion management protocols/guidelines that are consistently

☐ Yes ☐ No

enforced and 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 suspected concussion?

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

- | | |
|--|--|
| • Immediately removing the athlete from play or practice | <input type="radio"/> Yes <input type="radio"/> No |
| • Keeping the athlete out of play or practice until they provide written clearance from a licensed physician | <input type="radio"/> Yes <input type="radio"/> No |
| • Confirming sports liability waivers (informed consent) from parents and/or players are secured | <input type="radio"/> Yes <input type="radio"/> No |

PROGRAM PREMIUM CALCULATION

For \$1,000,000 CGL with \$25,000 Medical Payments for Participants with a \$100 deductible

If you have different limits than noted above or on the next page, please contact us **PRIOR** to completing this form.

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

CLASS A SPORTS (including Umpire & Referee Associations for Class A Sports)	Rates (per participant, all sports, all ages)			
	\$ 3.75			

CLASS B SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 6.59	\$ 10.97	\$ 17.50	\$ 31.97
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 6.34	\$ 7.58	\$ 15.85	\$ 21.35
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 6.04	\$ 6.04	\$ 6.04	\$ 6.04
Drill team, Dance team	\$ 6.76	\$ 8.19	\$ 17.78	N/A
Cricket, Squash	\$ 6.20	\$ 9.98	\$ 15.61	\$ 28.08
Water polo	\$ 7.77	\$ 8.93	\$ 10.78	Class A \$ 3.75
Softball	\$ 6.23	\$ 7.45	\$ 17.50	\$ 31.97
Umpire & referee associations for Class B Sports	\$ 9.21	\$ 9.21	\$ 9.21	\$ 9.21
Volleyball	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41
Weightlifting	\$ 17.90	\$ 17.90	\$ 17.90	Class A \$ 3.75

CLASS C SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13 - 15	16 - 19	20 & Over
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 7.09	\$ 8.33	\$ 16.60	\$ 22.10
Cheerleading	\$ 7.51	\$ 8.94	\$ 18.53	N/A
Lacrosse, Water hockey, Flex Football™	\$ 8.52	\$ 9.68	\$ 11.53	Class A \$ 3.75
Soccer	\$ 9.16	\$ 10.50	\$ 12.66	N/A
Tackle and contact football	\$ 24.95	\$ 44.10	\$ 58.91	N/A
Wrestling	\$ 18.65	\$ 18.65	\$ 18.65	Class A \$ 3.75
Umpire & referee associations for Class C Sports	\$ 9.96	\$ 9.96	\$ 9.96	\$ 9.96

*Note: Rates include Limited Neurodegenerative Injury Coverage to Specified Players for Sports or Athletic Activities. If you did not purchase this coverage, adjustments will be made at the time of binding.

Please select only one limit option to apply for all sports and age groups

NOTE: If you have Class A, Class B or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	Class (check sports class option)	Age Group of participants	# of part.	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

For Umpire and Referee Associations - complete only the section below if you are an Umpire/Referee Association

List the sport you umpire/referee	Class (check sports class option)	Age group of umpire/referees	# of members	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

Premium: (add all lines above) \$ (a)

Does your current policy include Sexual Misconduct Liability Coverage? ☐ Yes ☐ No
If yes, please continue with rating for this coverage

Total Number of Players from above	=		X	Rate \$0.75	=	\$ (b)
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Total Premium Due (add lines a + b): = \$

PROGRAM PREMIUM CALCULATION

For \$2,000,000 CGL with \$100,000 Medical Payments for Participants with a \$100 deductible

If you have different limits than noted above or on previous pages, please contact us PRIOR to completing this form

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

CLASS A SPORTS (including Umpire & Referee Associations for Class A sports)	Rates (per participant, all sports, all ages)
	\$ 5.63

CLASS B SPORTS	Rates (per participant, all sports)			
Ages	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 9.24	\$ 15.14	\$ 20.26	\$ 40.98
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 8.92	\$ 10.74	\$ 20.77	\$ 27.67
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 8.51	\$ 8.51	\$ 8.51	\$ 8.51
Drill team, Dance team	\$ 9.44	\$ 11.56	\$ 23.19	N/A
Cricket, Squash	\$ 9.05	\$ 13.82	\$ 18.25	\$ 36.11
Water polo	\$ 11.14	\$ 13.09	\$ 14.47	Class A \$ 5.63
Softball	\$ 8.75	\$ 10.53	\$ 20.26	\$ 40.98
Umpire/referee assoc. - Class B Sports	\$ 12.28	\$ 12.28	\$ 12.28	\$ 12.28
Volleyball	\$ 8.98	\$ 8.98	\$ 8.98	\$ 8.98
Weightlifting	\$ 23.94	\$ 23.94	\$ 23.94	Class A \$ 5.63

CLASS C SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13 - 15	16 - 19	20 & Over
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 10.04	\$ 11.86	\$ 21.89	\$ 28.79
Cheerleading	\$ 10.56	\$ 12.68	\$ 24.31	N/A
Lacrosse, Water hockey, Flex Football™	\$ 12.26	\$ 14.21	\$ 15.59	Class A \$5.63
Soccer	\$ 13.14	\$ 15.40	\$ 17.01	N/A
Tackle and contact football	\$ 33.44	\$ 59.67	\$ 76.67	N/A
Wrestling	\$ 25.06	\$ 25.06	\$ 25.06	Class A \$5.63
Umpire/referee assoc. - Class C Sports	\$ 13.40	\$ 13.40	\$ 13.40	\$13.40

Please select only one limit option to apply for all sports and age groups

NOTE: If you have Class A, Class B or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	Class (check sports class option)	Age Group of participants	# of part.	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

For Umpire and Referee Associations - complete only the section below if you are an Umpire/Referee Association

List the sport you umpire/referee	Class (check sports class option)	Age group of umpire/referees	# of members	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

Premium: (add all lines above)

\$

Does your current policy include Sexual Misconduct Liability Coverage? ☐ Yes ☐ No

If yes, please continue with rating for this coverage

Total Number of Players from above	=		X	Rate \$0.75	=	\$
Total Premium Due (add lines a + b):					=	\$

PROGRAM PREMIUM CALCULATION

For \$2,000,000 CGL with \$250,000 Medical Payments for Participants with a \$100 deductible

If you have different limits than noted above or on previous pages, please contact us PRIOR to completing this form

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

CLASS A SPORTS (including Umpire & Referee Associations for Class A sports)	Rates (per participant, all sports, all ages)			
	\$ 5.63			

CLASS B SPORTS	Rates (per participant, all sports)			
Ages	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 9.99	\$ 17.13	\$ 23.22	\$ 48.09
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 9.65	\$ 11.79	\$ 23.85	\$ 32.51
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 9.60	\$ 9.60	\$ 9.60	\$ 9.60
Drill team, Dance team	\$ 10.29	\$ 12.77	\$ 26.77	N/A
Cricket, Squash	\$ 9.39	\$ 15.55	\$ 20.79	\$ 42.23
Water polo	\$ 11.79	\$ 13.90	\$ 16.28	Class A \$ 5.63
Softball	\$ 9.45	\$ 11.56	\$ 23.22	\$ 48.09
Umpire/referee assoc. - Class B Sports	\$ 13.95	\$ 13.95	\$ 13.95	\$ 13.95
Volleyball	\$ 10.22	\$ 10.22	\$ 10.22	\$ 10.22
Weightlifting	\$ 27.64	\$ 27.64	\$ 27.64	Class A \$ 5.63

CLASS C SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13 - 15	16 - 19	20 & Over
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 10.77	\$ 12.91	\$ 24.97	\$ 33.63
Cheerleading	\$ 11.41	\$ 13.89	\$ 27.89	N/A
Lacrosse, Water hockey, Flex Football™	\$ 12.91	\$ 15.02	\$ 17.40	Class A \$ 5.63
Soccer	\$ 13.89	\$ 16.35	\$ 19.12	N/A
Tackle and contact football	\$ 37.54	\$ 68.97	\$ 89.38	N/A
Wrestling	\$ 28.76	\$ 28.76	\$ 28.76	Class A \$ 5.63
Umpire/referee assoc. - Class C Sports	\$ 15.07	\$ 15.07	\$ 15.07	\$ 15.07

Please select only one limit option to apply for all sports and age groups

NOTE: If you have Class A, Class B or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	Class (check sports class option)	Age Group of participants	# of part.	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

For Umpire and Referee Associations - complete only the section below if you are an Umpire/Referee Association

List the sport you umpire/referee	Class (check sports class option)	Age group of umpire/referees	# of members	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

Premium: (add all lines above)

\$

Does your current policy include Sexual Misconduct Liability Coverage? ☐ Yes ☐ No

If yes, please continue with rating for this coverage

Total Number of Players from above	=		X	Rate \$0.75	=	\$
Total Premium Due (add lines a + b):					=	\$

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.

CERT REQUEST #1

1. When is this certificate needed? : ____/____/____

2. This certificate is for: ☐ General Liability Coverage ☐ Hosted Tournament Coverage

3. 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

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.

6. 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.

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CERT REQUEST #2

1. When is this certificate needed? : ____/____/____

2. This certificate is for: ☐ General Liability Coverage ☐ Hosted Tournament Coverage

3. 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

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.

6. 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.

FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

Step 1: Applicant Business Name from page 1 _____

Step 2: Enter Program Premium:

Program Liability premium from page 2, 3 or 4 \$ _____ (a)

Step 3: Calculate Surplus Lines/Stamping/Transaction Fees – this is based on the Named Insured's state from page 1

NOTE: If your state is not specifically listed, use the last column labeled "All Other States". All states must calculate a surplus lines/stamping/transaction fee.

Insured's State	HI	IL	MI	MT	NV	NY	OK	UT	WY	All Other States
Surplus Line Tax	.0468	.035	.025	.0275	.035	.036	.06	.0425	.03	.025
Stamping/Transaction Fee	N/A	.0004	N/A	N/A	.004	.0015	.00175	.0018	.00175	N/A
FINAL STATE RATE	.0468	.0354	.025	.0275	.039	.0375	.06175	.0443	.03175	.025

Premium from Step 2 - \$ _____ (a) x **Final State Rate** from chart above \$ _____ = \$ _____ (b)

Step 4: Liability Cost Total (add lines a + b) \$ _____

Step 5: Select Payment Option

☐ ACH – this option is only available for purchases made 15 days or more prior to the effective date

Proceed to the next page to complete the ACH payment

☐ Mail in Check – make check payable to K&K Insurance Group

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

☐ Credit Card

Proceed to the next page to complete the credit card payment

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-426-2889 • Fax 1-260-459-5105

Website 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)

PAYMENT OPTIONS

Submit completed supplemental and payment via one of the options below.

Applicant business name: _____ Effective date: _____

PAY BY ACH (Bank Account): THIS OPTION IS ONLY AVAILABLE FOR PURCHASES 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 Routing 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 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 Main Street
Anywhere, OH 00000

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

0044072324 0000123456789 0123

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

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.