



Amateur Sports Teams, Leagues & Associations Optional Coverages 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.

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

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, have 8 teams or less, have no more than 100 outside participants and no more than 1000 spectators.

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: _____

Proceed to page 2 for rate calculations

☐ **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

Proceed to page 3 for rate calculations

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)

Options	<div>Hosted Tournament Rates/Premium Calculation per Tournament</div> <div>Important Information:</div> <ul style="list-style-type: none"> 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	X	<div>_____</div> <div># of non-rostered participants</div>	= \$ _____ 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	X	<div>_____</div> <div># of non-rostered participants</div>	= \$ _____ 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	X	<div>_____</div> <div># of non-rostered participants</div>	= \$ _____ 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	X	<div>_____</div> <div># of non-rostered participants</div>	= \$ _____ 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	X	<div>_____</div> <div># of non-rostered participants</div>	= \$ _____ 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	X	<div>_____</div> <div># of non-rostered participants</div>	= \$ _____ Hosted Tournament Premium (\$351.00 minimum premium applies)
Option 7 ____ CGL Limit ____ Med Pay ____ Deductible	<input type="radio"/>	\$ _____	X	<div>_____</div> <div># of non-rostered participants</div>	= \$ _____ (_____ 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 _____ Acreage # of fields	= \$ _____ = \$ _____		\$ _____ Premium = greater of two totals	
Option 2 \$2,000,000 CGL Limit	<input type="radio"/> \$ 19.06	X _____ Acreage # of fields	= \$ _____ = \$ _____		\$ _____ Premium = greater of two totals	
Option 3 \$3,000,000 CGL Limit	<input type="radio"/> \$ 22.24	X _____ Acreage # of fields	= \$ _____ = \$ _____		\$ _____ Premium = greater of two totals	
Option 4 \$4,000,000 CGL Limit	<input type="radio"/> \$ 24.15	X _____ Acreage # of fields	= \$ _____ = \$ _____		\$ _____ Premium = greater of two totals	
Option 5 \$5,000,000 CGL Limit	<input type="radio"/> \$ 25.55	X _____ Acreage # of fields	= \$ _____ = \$ _____		\$ _____ Premium = greater of two totals	

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.

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

2. This certificate is for: ☐ Hosted Tournament Coverage ☐ Premises Liability for Sports Fields 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 Premiums:

Hosted Tournament premium - from page 2 \$ _____ (a)

Premises Liability for Sports Fields premium - from page 3 \$ _____ (b)

Step 3: Total (add lines a+b) \$ _____ (c)

Step 4: 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 3 - \$ _____ (c) x **Final State Rate** from chart above \$ _____ = \$ _____ (d)

Step 5: Optional Coverage Total Cost (add lines c + d) \$ _____ (e)

Step 6: 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

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 Routin 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

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.