



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
 - Where allowed by state jurisdiction, 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 (FL license #L007299, TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

CERTIFICATE REQUESTS

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/Noncontributory 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): THIS OPTION IS ONLY AVAILABLE FOR PURCHASES MADE 15 DAYS OR MORE PRIOR TO THE EFFECTIVE DATE

- **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 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* _____

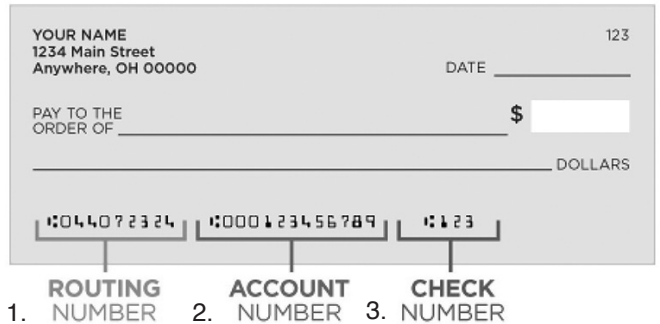
*See below for an explanation of where to locate these two sets of numbers on your bank check.

 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.