K&K INSURANCE
Insuring the world's fun!

Cheer Gyms Meets, Competitions, and Events Request Form

Hosted events are those you organize and operate that include participants who are not members of your club or gym. **Hosted events must be seven days or less in duration**.

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): _____

Name of individual submitting request: _____

Title/Relationship: _____

Phone: (_____) _____ Cell: (_____) _____

E-mail: _____

EXPOSURE INFORMATION

Please read and complete:

- You must submit this request form prior to the effective date needed.
- The same coverages and limits purchased for your school, club, or gym will apply to this optional coverage.
- Where permitted by state law, hosted event premiums are fully earned and non-refundable once the event begins.
- Hosted events must be seven days or less in duration.

Step 1 - Coverage History

Do you currently have Sexual Abuse or Sexual Molestation Liability coverage in place with us for your gym? ❍ Yes ❍ No

If yes, please complete **Steps 2 and 4** only and submit this supplemental to us.

Please DO NOT not submit payment at this time. We will provide you with a quote indicating the correct amount due and instructions on how to bind.

If no, proceed to **Step 3.**

Step 2 - Event Information

Provide event details.

For multiple hosted events, please complete a separate request form for each event using the information requested below.

Event name: _____

Event date(s): _____ /_____/_____ to _____ /_____/_____

Event hours:_____A.M. ❍ P.M. ❍ to_____A.M. ❍ P.M. ❍

Location: _____

Location name Address City State Zip

Sport type: _____ Age group: _____

Total spectator attendance:_____ Number of non-rostered participants:_____

Continue to next page.

Step 3 - Premium Calculation

Do you carry $1,000,000 in Commercial General Liability (CGL) coverage with us? ❍ Yes ❍ No

If yes, proceed with the premium calculation below, unless you carry liability limits between $2,000,000 and $5,000,000. If you have CGL limits of $2,000,000 - $5,000,000 please provide the following information and submit for a quotation:

Limit needed: $_____ Number of non-rostered participants: _____

Number of Event Days	Premium Calculation per Hosted Event $1,000,000 CGL with $150,000 Medical Payments for Participants
1 Day Event Rates All States Applicants, except Hawaii Applicants = $3.30 Hawaii applicant = $3.00	❍ $_____ x _____ = $_____ Number of Non-rostered Participants — Hosted Event Premium
2 or 3 Days Event Rates All States Applicants, except Hawaii Applicants = $4.40 Hawaii applicant = $4.00	❍ $_____ x _____ = $_____ Number of Non-rostered Participants — Hosted Event Premium
4 - 7 Days Event Rates All States Applicants, except Hawaii Applicants = $11.00 Hawaii applicant = $10.00	❍ $_____ x _____ = $_____ Number of Non-rostered Participants — Hosted Event Premium

Step 4 - 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 ❍ Cancellation - _____ days

❍ Other (please explain):_____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you have received.

The most common delay in certificate processing is caused by providing incomplete or inaccurate names and/or instructions. Please check your request carefully before submitting.

100% of the premium is due to bind coverage.
Payment plans are not available with supplemental requests.

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

Step 5 - Payment Options

Provide your business name and address, then select and complete your payment option.

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@gymnasticsinsurance-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 routing number:*_____ Bank account number:* _____

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

_____ Date: _____

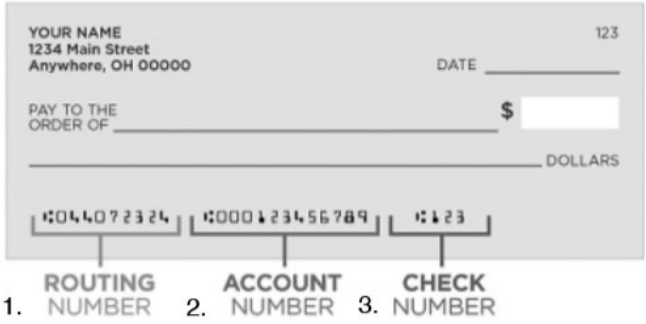
Authorized signature(s) - (Not required if authorization by phone by K&K.)

_____ Date: _____

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

EXPLANATION OF CHECK NUMBERS

1. Bank routing number - This is a nine digit number separated by a bar and a colon I: 123456789 I:
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: K&K Insurance
Cheer RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance
Cheer RPG Program
1690 Broadway, Building 19, Suite 110
Fort Wayne, IN 46802

❍ **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.