

Amateur Sports Teams, Leagues & Associations Optional Coverages Supplemental Request Form

This supplemental is valid for effective dates from 3/1/26 through 2/28/27

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 check the optional coverage(s) you are seeking:

Notes:

- You must submit this request form **BEFORE** to the desired effective date.
- Coverage will be made effective the day after we receive this request form and payment, or on a later date specified by you.
- Coverage must follow the same Commercial General Liability (CGL) coverage options purchased for your team, league, or association and sport and age group.
- Hosted Tournament coverage is available only 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 fewer, have no more than 100 outside participants, and no more than 1000 spectators attending.

Event name: _____

Event date(s): ____/____/____ to ____/____/____ Event hours: ____ A.M./P.M. to ____ A.M./P.M. ____

Location: _____

Address

City

State

Zip

Sport type: _____ Age group: _____ Total spectator attendance: _____

Proceed to page 2 for rate calculations

☐ PREMISES LIABILITY OPTIONAL COVERAGE

If you are a not-for-profit organization and own, operate, or are responsible for a sports field on a 24-hour basis, and do not rent, donate, or lease the field to other organizations, this coverage provides premises liability coverage for the field. Use of the field is limited to the sports and age groups for which you have purchased Commercial General Liability coverage under the Amateur Sports Teams, Leagues, and Associations RPG insurance program.

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

Proceed to page 3 for rate calculations

Options	Hosted Tournament Rates/Premium Calculation-per Tournament • Select the option that has the same limit and deductible as your team, league, or organization coverage. • If Options 1-6 do not match your coverage, please enter your limits and deductible in Option 7, along with the number of non-rostered participants. We will then provide a quote for the cost to add your hosted tournament.			
Option 1 \$1,000,000 CGL Limit \$25,000 Med Pay w/\$100 deductible	☐ \$ 2.31	X _____ # of non-rostered participants	= \$ _____ Hosted tournament premium (\$200.00 minimum premium applies)	
Option 2 \$2,000,000 CGL Limit \$100,000 Med Pay w/\$100 deductible	☐ \$ 4.39	X _____ # of non-rostered participants	= \$ _____ Hosted tournament premium (\$275.00 minimum premium applies)	
Option 3 \$2,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	☐ \$ 4.73	X _____ # of non-rostered participants	= \$ _____ Hosted tournament premium (\$300.00 minimum premium applies)	
Option 4 \$3,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	☐ \$ 5.02	X _____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$325.00 minimum premium applies)	
Option 5 \$4,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	☐ \$ 5.19	X _____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$340.00 minimum premium applies)	
Option 6 \$5,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	☐ \$ 5.32	X _____ # of non-rostered participants	= \$ _____ Hosted tournament premium (\$351.00 minimum premium applies)	
Option 7 _____ CGL Limit _____ Med Pay _____ Deductible	☐ \$ _____	X _____ # of non-rostered participants	= \$ _____ (_____ minimum premium applies)	

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). K&K is acting as a Managing General Agent as that term is defined in section 626.015(14) of the Florida Insurance Code. As an MGA we are acting on behalf of our carrier partner.

Premises Liability Premium Calculation

Select the option that has the same CGL option as your team, league, or organization coverage.

Calculate premium by location. For more than 2 locations, attach an additional copy of this page.

Options and Limits	Rate Per Acreage	Rate per Number of Fields
Option 1 - \$1,000,000 CGL Limit	\$12.71	\$50.00
Option 2 - \$2,000,000 CGL Limit	\$19.06	\$75.00
Option 3 - \$3,000,000 CGL Limit	\$22.24	\$88.00
Option 4 - \$4,000,000 CGL Limit	\$24.15	\$95.00
Option 5 - \$5,000,000 CGL Limit	\$25.55	\$101.00

Location 1:

Address		City		State	Zip
Option/Limit from chart above	Rate Per Acreage (from chart above)	x	Number of Acres	=	Total
	\$		\$		(A)
Option/Limit from chart above	Rate Per Number of Fields (from chart above)	x	Number of Fields	=	
	\$		\$		(B)
Premium for Location 1 is the greater amount from either A or B				=	\$

Location 2:

Address		City		State	Zip
Option/Limit from chart above	Rate Per Acreage (from chart above)	x	Number of Acres	=	Total
	\$		\$		(A)
Option/Limit from chart above	Rate Per Number of Fields (from chart above)	x	Number of Fields	=	
	\$		\$		(B)
Premium for Location 2 is the greater amount from either A or B				=	\$

TOTAL PREMIUM (Add all locations):

\$ _____

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.

Certificate 1:

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 ☐ Cancellation - ____ days

☐ 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 incomplete or inaccurate names and/or instructions. Please check your request carefully before submitting.

Certificate 2:

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 ☐ Cancellation - ____ days

☐ 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 incomplete or inaccurate names 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 program premiums (Add lines a+b): \$ _____ (c)

Step 4: Calculate surplus lines/stamping/transaction fees – based on the Named Insured's state listed on the Member Certificate.

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: 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.

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

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

☐ 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 check.

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

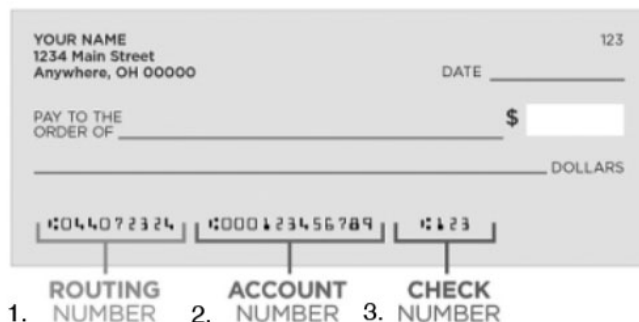
Date:

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 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 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.