



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

This supplemental is valid for effective dates from 3/1/24 through 2/28/25

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: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (_____) _____

Cell: (_____) _____ Fax: (_____) _____

E-mail: _____ Website: _____

UNDERWRITING INFORMATION

Please check the optional coverage(s) you are seeking:

- Hosted Tournament Coverage
- continue to page 2 for this coverage
- Premises Liability for Sports Fields
- continue to page 2 for this coverage
- Sexual Misconduct Coverage
- continue to page 3 for this coverage
- Equipment and Contents (Inland Marine) Coverage
- continue to page 4 for this coverage

Important information:

- 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 commercial general liability coverage option purchased for your team, league or association for Hosted Tournament and/or Premises Liability for Sports Fields Optional Coverages
- Premiums are 100% fully earned and non-refundable upon inception
- All participants must sign a waiver
- Should you carry Commercial General Liability (CGL) limits above \$1,000,000, please contact our office prior to completing this supplemental form

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 (FL license #L007299, TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

OPTIONAL COVERAGES PREMIUM CALCULATION

○ HOSTED TOURNAMENT OPTIONAL COVERAGE - only available with CGL Options 1 or 2

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 1,000 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: _____

Options	Hosted Tournament Rates/Premium Calculation per Tournament			
Option 1 \$1,000,000 CGL Limit \$1,000,000 LLP Limit \$10,000 Med Pay with \$1,000 corridor deductible	<input type="radio"/> \$ 4.37	<input type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$400.00 minimum premium applies)
Option 2 \$1,000,000 CGL Limit \$500,000 LLP Limit Med Pay Excluded	<input type="radio"/> \$ 2.33	<input type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$350.00 minimum premium applies)
Other _____ Contact us if you have CGL limits above \$1,000,000	<input type="radio"/> \$ _____	<input type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium

○ PREMISES LIABILITY FOR SPORTS FIELDS 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): _____

Options	Premises Liability for Sports Fields Rates/Premium Calculation			
Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$ 12.71	<input type="checkbox"/> X	_____ Acreage	= \$ _____
	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> X	_____ # of fields	= \$ _____ Premium = greater of two totals
Other _____ Contact us if you have CGL limits above \$1,000,000	<input type="radio"/> \$ _____	<input type="checkbox"/> X	_____ Acreage	= \$ _____
	<input type="checkbox"/> \$ _____	<input type="checkbox"/> X	_____ # of fields	= \$ _____ Premium = greater of two totals

Sexual Misconduct Liability Coverage OR Abuse, Molestation or Harassment or Sexual Conduct Defense Costs Reimbursement
 Coverage is contingent upon underwriting review and approval of the following questionnaire.

- Does your organization currently have employees, volunteers or independent contractors? Yes No
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
- Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
If yes, please explain: _____
- Are you aware of any occurrences that could lead to a claim? Yes No
If yes please explain: _____
- Do you, your organization or sanctioning/governing body have written procedures and training in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
If yes, do they include:
 - How to recognize the signs of abuse and molestation Yes No
 - All known, alleged or suspected abuse incidents must be reported to law enforcement Yes No
 - Procedures are provided or available to all paid and volunteer staff, and sanctioning/governing body members Yes No
 - No one-on-one situations allowed without visibility by others Yes No
 - A supervision plan to monitor all participants at the facility/event site that also prevents access to secluded area such as closets, unsupervised rooms, etc. Yes No
 - A policy regarding appropriate and inappropriate physical contact, verbal interaction and electronic communications with children during and outside of regularly scheduled business activities Yes No
- Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

Please Complete All Questions	Employees	Volunteers/Independent contractors
The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.		
Do you have employees and/or volunteers/independent contractors?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are employee/volunteer/independent contractor applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please complete the following Please explain any "No" responses to questions asked in #5: _____

6. Calculate premium:

<input type="radio"/> Option 1 – Sexual Misconduct Liability (defense expense within limits) \$250,000 each "Insured Event" limit/\$1,000,000 aggregate					
CGL Program Option Purchased (check/calculate only one)	Rate	X	Total # of Players/Participants	=	Premium
Option 1	\$ 1.30	X		=	\$ _____ (\$150.00 minimum premium applies)
Option 2	\$ 1.24	X			
Option 3	\$ 1.04	X			
Other: _____	\$	X			
<input type="radio"/> Option 2 – Abuse, Molestation, Harassment or Sexual Conduct Defense Costs Reimbursement \$100,000 limit					\$100.00

EQUIPMENT & CONTENTS

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

<u>Sports equipment</u> (such as balls, uniforms, pads, helmets, netting)	\$ _____
<u>Field maintenance equipment</u> (such as lawn mowers, grooming equipment)	\$ _____
<u>Concession stand equipment, excluding products</u> (such as popcorn, hot dog and soda machines)	\$ _____
<u>Portable storage units</u> (not permanent structures)	\$ _____
<u>Misc. equipment</u> - please describe _____	\$ _____

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place? Yes No
 - a. If yes, please describe: _____
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No
 - a. If yes, please describe: _____
4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment & Contents Premium	
<input type="radio"/> My total replacement value is between \$1 - \$10,000	
(\$250 deductible will apply)	
\$.03 x \$ _____ = \$ _____	\$ _____
Total Replacement Value	Equipment & Contents Premium (\$100.00 minimum premium applies)
<input type="radio"/> My total replacement value is over \$10,000	
(A \$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)	
\$.026 x \$ _____ = \$ _____	\$ _____
Total Replacement Value	Equipment & Contents Premium (\$100.00 minimum premium applies)

PREMIUM CALCULATION

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 Equipment & Contents/Inland Marine Coverage (if applicable)
 Premises Liability for Sports Fields

3. What is the additional insured's relationship to you? Owner/manager/lessor of premises (facility or venue)
 Sponsor Co-promoter Lessor of equipment/contents (liability) Loss Payee (equipment/contents)
 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: _____

7. For Loss Payee: Type of equipment (please describe): _____
 Replacement cost value: _____

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.

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.

COVERAGE IS CONTINGENT UPON RECEIPT OF AN APPROVED AND COMPLETED SUPPLEMENTAL FORM AND FULL PAYMENT.

NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL ACCURATE PAYMENT AND FULLY COMPLETED SUPPLEMENTAL FORM ARE RECEIVED BY THE COMPANY OR REPRESENTATIVE.

CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

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 2 \$ _____ (b)

Sexual Misconduct Coverage - from page 3 \$ _____ (c)

Defense Reimbursement Only or Liability Coverage

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

Step 4: Calculate Surplus Lines/Stamping 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 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 Fee	N/A	.0004	N/A	N/A	.004	.0015	N/A	.0018	.00175	N/A
FINAL STATE RATE	.0468	.0354	.025	.0275	.039	.0375	.06	.0443	.03175	.025

Premium from Step 3 - \$ _____ (d) x **Final State Rate** from chart above \$ _____ = \$ _____ (e)

Step 5: Liability Premium Total (add lines d + e) \$ _____ (f)

Step 6: Enter Equipment & Contents Premium from page 4 \$ _____ (g)

Step 7: Cost Total (add lines f + g) \$ _____

Step 8: 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 Mail

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

Overnight Mail

K&K Insurance
TLA RPG Program
1712 Magnavox Way
Fort Wayne, IN 46804

Credit Card

Proceed to the next page to complete the credit card payment

PAYMENT OPTIONS

Submit completed supplemental and payment to:

Applicant business name: _____ Effective date: _____

NOTE: This program is 100% fully earned at inception. Premium Finance payments cannot be accepted, unless the premium finance company agrees to the 100% fully earned policy.

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.

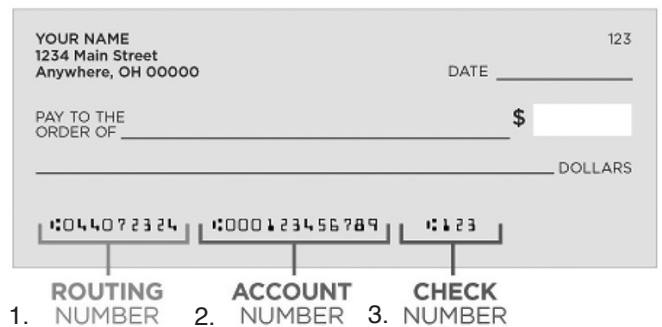
Name on Bank Account: _____ Bank Name: _____
Draft Amount : \$ _____ Checking, or Savings
Bank Routing Number* _____ Bank Account Number* _____
*See below for an explanation of where to locate these two sets of numbers on your bank check.

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.



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.