K&K INSURANCE
Insuring the world's fun!

Amateur Sports Teams, Leagues & Associations 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. Effective date needed: _____/_____/_____

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

Notes:

- You must submit this request form BEFORE 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.
- All participants are required to be reported. TBD numbers cannot be accepted.
- A roster may be requested as verification.
- If you purchased Commercial General Liability (CGL) limits above $2,000,000 and/or have a Medical Payments to Participant limit different from that shown and/or a deductible greater than $100, please contact us before completing this form for the appropriate rates.

Please check the option you are seeking:

❍ **Adding additional participants to existing sport and age group**
Continue to the next page for additional participant rating.

❍ **Adding new sport and/or age group**
You must complete questions 1 - 4 below before proceeding with rating a new sport and/or age group.

1. Are you a member of any of the following organizations? (Check those that apply.)

❍ No, we are not a member of any of these organizations.

❍ American Legion Baseball
❍ Babe Ruth/Cal Ripken Baseball
❍ Babe Ruth Softball
❍ World Adult Kickball Association (WAKA®)
❍ Pop Warner
❍ Soccer Association for Youth, USA (SAY Soccer)

2. Are any of the following statements true? ❍ Yes ❍ No
   - You compensate players or award prize money for participation.
   - You are a school sanctioned sports team or league.
   - You are a gymnastics, martial arts, cheer, or dance studio.
   - You hold your activities on private residential property.
   - You own or operate a pool.

3. Do you have concussion management protocols/guidelines that are consistently enforced and include communication (in written or electronic form) of educational materials to participants, parents, and coaches regarding the risks of concussions, including but not limited to information on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of injury; recognizing concussion symptoms and how to respond; and the steps for returning to play after a suspected concussion? ❍ Yes ❍ No

4. If you suspect an athlete has a concussion, do you have an action plan that includes:
   - Immediately removing the athlete from play or practice? ❍ Yes ❍ No
   - Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? ❍ Yes ❍ No
   - Confirming sports liability waivers (informed consent) from parents and/or players are secured? ❍ Yes ❍ No

PROGRAM PREMIUM CALCULATION

For $1,000,000 CGL with $25,000 Medical Payments for Participants with a $100 deductible

If you have different limits than noted above or on the next page, please contact us **BEFORE** completing this form.

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

CLASS A SPORTS	**Rates** (per participant, all sports, all ages)
	$ 3.75

CLASS B SPORTS	**Rates** (per participant, per sport)			
Ages	**12 & Under**	**13-15**	**16-19**	**20 & Over**
Baseball, t-ball	$ 6.59	$ 10.97	$ 17.50	$ 31.97
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running, Archery (static target shooting only)	$ 6.34	$ 7.58	$ 15.85	$ 21.35
Frisbee, Golf, Kickball, Tennis, Track & field (excl. javelin and hammer), Swimming, Pickleball	$ 6.04	$ 6.04	$ 6.04	$ 6.04
Drill team, Dance team	$ 6.76	$ 8.19	$ 17.78	N/A
Cricket, Squash	$ 6.20	$ 9.98	$ 15.61	$ 28.08
Water polo	$ 7.77	$ 8.93	$ 10.78	Class A $ 3.75
Softball	$ 6.23	$ 7.45	$ 17.50	$ 31.97
Volleyball	$ 6.41	$ 6.41	$ 6.41	$ 6.41
Weightlifting	$ 17.90	$ 17.90	$ 17.90	Class A $ 3.75

CLASS C SPORTS	**Rates** (per participant, per sport)			
Ages	**12 & Under**	**13 - 15**	**16 - 19**	**20 & Over**
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	$ 7.09	$ 8.33	$ 16.60	$ 22.10
Cheerleading	$ 7.51	$ 8.94	$ 18.53	N/A
Lacrosse, Water hockey, Flex Football™	$ 8.52	$ 9.68	$ 11.53	Class A $ 3.75
Soccer/Futsal	$ 9.16	$ 10.50	$ 12.66	N/A
Tackle and contact football	$ 24.95	$ 44.10	$ 58.91	N/A
Wrestling	$ 18.65	$ 18.65	$ 18.65	Class A $ 3.75

*Note: Rates include Limited Neurodegenerative Injury Coverage to Specified Players for Sports or Athletic Activities. If you did not purchase this coverage, adjustments will be made at the time of binding.

Please select only one limit option to apply for all sports and age groups.

NOTE: If you have Class A, Class B, or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	**Class** (check sports class option)	**Age Group of Participants**	**Number of Participants**	**X**	**Rate**	**=**	**Premium**
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
Premium (add all lines above):							$

Does your current policy include Sexual Misconduct Liability coverage? ❍ Yes ❍ No If yes, please continue with rating for this coverage.					
Total number of players from above:		X	Rate $0.75	=	$
Total Premium Due (add lines a + b):				=	$

PROGRAM PREMIUM CALCULATION

For $2,000,000 CGL with $100,000 Medical Payments for Participants with a $100 deductible

If you have different limits than noted above or on previous pages, please contact us **BEFORE** completing this form.

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

CLASS A SPORTS	**Rates** (per participant, all sports, all ages)
	$ 5.63

CLASS B SPORTS	**Rates** (per participant, all sports)			
Ages	**12 & Under**	**13-15**	**16-19**	**20 & Over**
Baseball, t-ball	$ 9.24	$ 15.14	$ 20.26	$ 40.98
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running, Archery (static target shooting only)	$ 8.92	$ 10.74	$ 20.77	$ 27.67
Frisbee, Golf, Kickball, Tennis, Track & field (excl. javelin and hammer), Swimming, Pickleball	$ 8.51	$ 8.51	$ 8.51	$ 8.51
Drill team, Dance team	$ 9.44	$ 11.56	$ 23.19	N/A
Cricket, Squash	$ 9.05	$ 13.82	$ 18.25	$ 36.11
Water polo	$ 11.14	$ 13.09	$ 14.47	Class A $ 5.63
Softball	$ 8.75	$ 10.53	$ 20.26	$ 40.98
Volleyball	$ 8.98	$ 8.98	$ 8.98	$ 8.98
Weightlifting	$ 23.94	$ 23.94	$ 23.94	Class A $ 5.63

CLASS C SPORTS	**Rates** (per participant, per sport)			
Ages	**12 & Under**	**13 - 15**	**16 - 19**	**20 & Over**
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	$ 10.04	$ 11.86	$ 21.89	$ 28.79
Cheerleading	$ 10.56	$ 12.68	$ 24.31	N/A
Lacrosse, Water hockey, Flex Football™	$ 12.26	$ 14.21	$ 15.59	Class A $5.63
Soccer/Futsal	$ 13.14	$ 15.40	$ 17.01	N/A
Tackle and contact football	$ 33.44	$ 59.67	$ 76.67	N/A
Wrestling	$ 25.06	$ 25.06	$ 25.06	Class A $5.63

Please select only one limit option to apply for all sports and age groups.

NOTE: If you have Class A, Class B, or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	**Class** (check sports class option)	**Age Group of Participants**	**Number of Participants**	**X**	**Rate**	**=**	**Premium**
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
Premium (add all lines above):							$

Does your current policy include Sexual Misconduct Liability coverage? ❍ Yes ❍ No

If yes, please continue with rating for this coverage.

Total number of players from above:		X	Rate $0.75	=	$
Total Premium Due (add lines a + b):				=	$

PROGRAM PREMIUM CALCULATION

For $2,000,000 CGL with $250,000 Medical Payments for Participants with a $100 deductible

If you have different limits than noted above or on previous pages, please contact us **BEFORE** completing this form.

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

CLASS A SPORTS	**Rates** (per participant, all sports, all ages)
	$ 5.63

CLASS B SPORTS	**Rates** (per participant, all sports)			
Ages	**12 & Under**	**13-15**	**16-19**	**20 & Over**
Baseball, t-ball	$ 9.99	$ 17.13	$ 23.22	$ 48.09
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running, Archery (static target shooting only)	$ 9.65	$ 11.79	$ 23.85	$ 32.51
Frisbee, Golf, Kickball, Tennis, Track & field (excl. javelin and hammer), Swimming, Pickleball	$ 9.60	$ 9.60	$ 9.60	$ 9.60
Drill team, Dance team	$ 10.29	$ 12.77	$ 26.77	N/A
Cricket, Squash	$ 9.39	$ 15.55	$ 20.79	$ 42.23
Water polo	$ 11.79	$ 13.90	$ 16.28	Class A $ 5.63
Softball	$ 9.45	$ 11.56	$ 23.22	$ 48.09
Volleyball	$ 10.22	$ 10.22	$ 10.22	$ 10.22
Weightlifting	$ 27.64	$ 27.64	$ 27.64	Class A $ 5.63

CLASS C SPORTS	**Rates** (per participant, per sport)			
Ages	**12 & Under**	**13 - 15**	**16 - 19**	**20 & Over**
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	$ 10.77	$ 12.91	$ 24.97	$ 33.63
Cheerleading	$ 11.41	$ 13.89	$ 27.89	N/A
Lacrosse, Water hockey, Flex Football™	$ 12.91	$ 15.02	$ 17.40	Class A $ 5.63
Soccer/Futsal	$ 13.89	$ 16.35	$ 19.12	N/A
Tackle and contact football	$ 37.54	$ 68.97	$ 89.38	N/A
Wrestling	$ 28.76	$ 28.76	$ 28.76	Class A $ 5.63

Please select only one limit option to apply for all sports and age groups.

NOTE: If you have Class A, Class B, or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	**Class** (check sports class option)	**Age Group of Participants**	**Number of Participants**	**X**	**Rate**	**=**	**Premium**
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
	❍ A ❍ B ❍ C			X	$	=	$
Premium (add all lines above):							$

Does your current policy include Sexual Misconduct Liability coverage? ❍ Yes ❍ No If yes, please continue with rating for this coverage.					
Total number of players from above:		X	Rate $0.75	=	$
Total Premium Due (add lines a + b):				=	$

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.

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

CERT REQUEST #1

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

2. This certificate is for: ❍ General Liability Coverage ❍ Hosted Tournament 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.

CERT REQUEST #2

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

2. This certificate is for: ❍ General Liability Coverage ❍ Hosted Tournament 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 liability premium (from page 2, 3, or 4): $_____(a)

Step 3: 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 2 -$_____(a) x **Final State Rate** from chart above $_____ = $_____(b)

Step 4: TOTAL COST (add lines a + b): $_____

Step 5: 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.

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

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.

_____ Date: _____

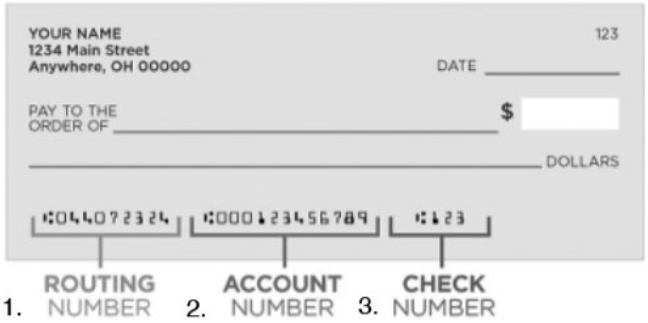
Authorized signature(s) - (Not required if authorization by phone by K&K.)

_____ 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 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.