



Gymnastics Schools/Clubs and 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 submit payment at this time. We will provide you with a quote indicating the correct premium due, along with instructions for binding coverage. Please note, coverage cannot be bound until we receive your acceptance of the quote and the required payment.

If no, do you currently carry \$1,000,000 in Commercial General Liability (CGL) coverage with us? ☐ Yes ☐ No

If yes, proceed with **Steps 2-5**

If no, complete **Steps 2 and 4 only** and submit this supplemental to us. Upon receipt, we will provide you with a quote indicating the correct premium due and instructions for binding coverage. Please note, coverage cannot be bound until we receive your acceptance of the quote and the required payment.

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: _____

Step 3 - Premium Calculation

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 = \$3.30 Hawaii Applicants = \$3.00	☐ \$_____ x _____ = \$_____ Number of Non-rostered Participants Hosted Event Premium
2 or 3 Days Event Rates All States Applicants, except Hawaii = \$4.40 Hawaii Applicants = \$4.00	☐ \$_____ x _____ = \$_____ Number of Non-rostered Participants Hosted Event Premium
4 - 7 Days Event Rates All States Applicants, except Hawaii = \$11.00 Hawaii Applicants = \$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.

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 (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.

Step 5 - Payment Options

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

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

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: _____

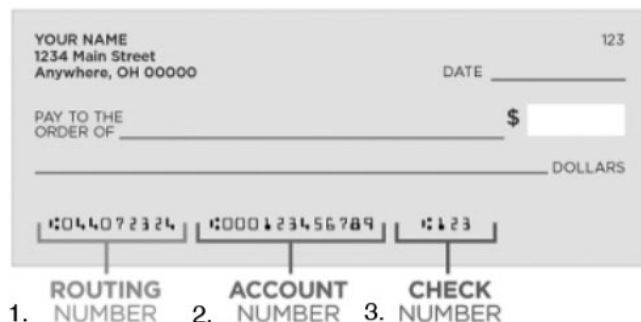
Authorized signature(s) - (Not required if authorization by phone by K&K.)

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 |: 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: K&K Insurance
Gymnastics/Cheer RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance
Gymnastics/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.

FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA

For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2024/01)