K&K INSURANCE
Insuring the world's fun!

Amateur Sports Tournaments and Events 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: (_____) _____

Email:_____

EXPOSURE INFORMATION

Notes:
- Please provide all information on a per-event basis.
- You must submit this request form **BEFORE** the effective date of event.
- Coverage may be considered upon receipt of a completed request form and payment and is subject to underwriting review and approval. Coverage cannot be bound or become effective until the day after we receive the completed request form and payment, or on a later date specified by you.
- Coverage must follow the same Commercial General Liability coverage/limits currently provided with your policy.
- If multiple sports are included in a single tournament or event, please contact us for the proper classification.
- Premiums are 100% fully earned and non-refundable upon inception of the tournament or event.
- Coverage may be subject to receipt of additional information (e.g.: copy of your brochure or flyer).
- If you currently carry limits above $2,000,000 or require limits in excess of $2,000,000, please contact our office before completing this form.
- Please refer to the policy or program brochure for ineligible operations and operations that are excluded under this policy.

1. Event Information:

Name of event: _____

Type of competition/sport(s): _____

Dates of event:____/____/____ to ____/____/____ Hours of operation:_____ ❍ A.M. ❍ P.M. to _____ ❍ A.M. ❍ P.M.

If event times differ by date, please provide details by date: _____

Event days (check all that apply): ❍ Mon ❍ Tues ❍ Wed ❍ Thurs ❍ Fri ❍ Sat ❍ Sun

Set-up date: _____/_____/_____ Tear-down date: _____/_____/_____

(Note: Set-up and tear-down must occur within 3 days before and 3 days after your main event. If you need more set-up or tear-down days, please contact us to confirm whether your event will qualify.)

Event location(s):

Venue name:_____ Venue address: _____

Age group of athletes:_____ Total number of athletes:_____

Average daily spectator attendance:_____ Total spectator attendance:_____

2. Does your tournament/event have any of the following? ❍ Yes ❍ No
- Animals other than service animals
- Monetary compensation or prize money awarded to the participants
- Professional sports events, try-outs or training camps
- Admission charge for spectators over $50
- Virtual events/activities

3. Is this a college or university level championship event? ❍ Yes ❍ No

4. Do you have any ancillary activities (banquets, concert, award ceremony, etc)? ❍ Yes ❍ No

If yes:

a) Please describe: _____

b) Do any of your ancillary activities require a separate admission charge? ❍ Yes ❍ No
and/or are open to the public? **(IF YES, please contact us.)**

EXPOSURE INFO CONT.

5. Will alcohol be available or allowed at this activity/event? ❍ Yes ❍ No

If yes:

a. Who is responsible for the sale, serving, or oversight of alcohol?

❍ Insured/applicant ❍ Location/venue staff ❍ Third-party catereer/vendor ❍ Event sponsor

b. How will it be provided? (Check all that apply):

❍ Sold ❍ Free of charge ❍ Attendees or participants can bring their own

Notes:

- *Host liquor liability (as provided by this policy - CG 00 01 04/13) is included, but only if the insured is not in the business of manufacturing, distributing, selling, serving, or furnishing alcoholic beverages.*
- *If alcohol is included in the ticket or admission price (e.g. drink tickets or open bar), your CGL policy (host liquor liability) generally will not cover related claims. Events like this are treated as selling/serving alcohol, and separate liquor liability coverage is usually required.*

c. Is the insured/applicant required to carry a permit or license to distribute alcohol, or purchase a separate liquor liability policy? ❍ Yes ❍ No

If yes, please provide proof of liquor liability coverage (certificate of insurance) held with this application or contact us to see if this coverage is available. Note, an additional underwriting questionnaire will need to be completed for consideration.

6. 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 nature of 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 suspected concussion? ❍ Yes ❍ No

7. 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

PREMIUM CALCULATION

Should you carry limits or need limits above $2,000,000, please contact our office prior to completing this form.

Sport Classification (refer to brochure)	**$1,000,000 CGL and LLP $25,000 MPP** (per participant, per event)	**$2,000,000 CGL and LLP $25,000 MPP** (per participant, per event)	**$1,000,000 CGL Only** (per spectator, per event)	**$2,000,000 CGL Only** (per spectator, per event)
	Option A	**Option B**	**Option F**	**Option G**
Class 1	$1.64	$2.08	.25	.38
Class 2	$1.86	$2.30	.25	.38
Class 3	$2.17	$2.61	.25	.38
Class 4*	$2.35	$2.79	.25	.38
Class 5	N/A	N/A	.25	.38
SEXUAL MISCONDUCT LIABILITY RATES (use only if you were approved and purchased this coverage at the time of your original binding)				
All Classes	$0.17	$0.17	$0.05	$0.05

* Class 4 sports include a $1,000,000/$1,000,000 limitation of coverage for neurodegenerative injuries.

PREMIUM CALCULATION

Coverage Option (A, B, F or G)	**Sport Class** (1 - 5)	**Program Rate** (from above)	**+**	**Sexual Misconduct Rate** (if applicable)	**=**	**Total Rate**	**X**	**Number of Participants or Spectators**	**=**	**Premium**
		$			=		X		=	$

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.

CERTIFICATE # 1

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 attached a copy of the insurance requirements/instructions you've 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.

. . . . . .

CERTIFICATE # 2

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 attached a copy of the insurance requirements/instructions you've 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 • 1-800-426-2889 • Fax 1-260-459-5105 • www.kandkinsurance.com

FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

Step 1: Applicant business/event name from page 1:_____

Step 2: Enter additional event premium from page 2: $_____(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
Tournaments & Events RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance
Tournaments & Events 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/event name: _____ Effective date: _____

❍ **PAY BY ACH (Bank account): THIS OPTION IS ONLY AVAILABLE FOR PURCHASED 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: _____

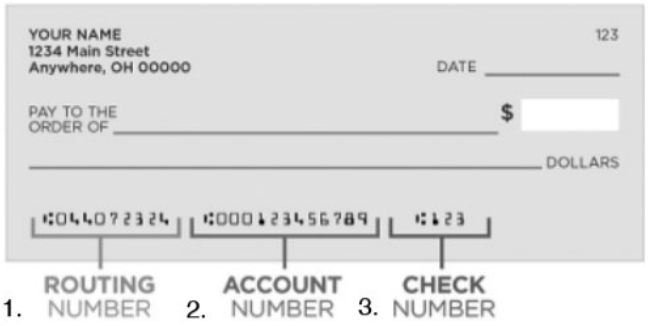
Authorized signature(s) - (Not required if authorization by phone by K&K.)

_____ 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.