



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

This supplemental is valid for effective dates from 3/1/25 through 2/28/26

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: _____

NY Applicants must provide a street address. PO Boxes cannot be accepted.

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	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	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"/> \$ _____	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	X	_____	= \$ _____
	\$ 50.00	X	Acreage	= \$ _____
			# of fields	= \$ _____ Premium = greater of two totals
Other _____ Contact us if you have CGL limits above \$1,000,000	<input type="radio"/> \$ _____	X	_____	= \$ _____
	\$ _____	X	Acreage	= \$ _____
			# 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)

Sports equipment (such as balls, uniforms, pads, helmets, netting) \$ _____

Field maintenance equipment (such as lawn mowers, grooming equipment) \$ _____

Concession stand equipment, excluding products (such as popcorn, hot dog and soda machines) \$ _____

Portable storage units (not permanent structures) \$ _____

Misc. equipment - 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

☐ **My total replacement value is between \$1 - \$10,000**

(\$250 deductible will apply)

$\$.03 \times \$$ _____	$= \$$ _____	$\$$ _____
Total Replacement Value		Equipment & Contents Premium (\$100.00 minimum premium applies)

☐ **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)

$\$.026 \times \$$ _____	$= \$$ _____	$\$$ _____
Total Replacement Value		Equipment & Contents Premium (\$100.00 minimum premium applies)

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/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 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

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

☐ 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: _____

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 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.

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

0044072324 0000123456789 123

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. CHECK NUMBER

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.