



Activity and Social Clubs Supplemental Request Form

Please retain a copy of this form for your records.

GENERAL INFORMATION

Named insured (as it appears on your certificate of insurance): _____

Policy number (as it appears on your certificate of insurance): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (_____) _____

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

E-mail: _____ Website: _____

EXPOSURE INFORMATION

Notes:

- 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, or on a later date that you may specify
- All members/participants are required to be reported. TBD numbers cannot be accepted.
- A roster may be requested as verification
- For limits above \$2,000,000, please contact us for a quote.
- Should you have \$1,000,000 of Sexual Abuse or Sexual Molestation Liability coverage in place with us, you will need to rate for this additional exposure with any increments you may add below on the next page.

Check:

- Adding additional members/participants

Effective date needed: ____/____/____

Options	Option 1 \$1,000,000 CGL \$25,000 Med Pay	Option 2 \$2,000,000 CGL \$25,000 Med Pay
Rates (per member/participant)	\$ 3.24	\$ 4.32
Minimum Premiums	\$ 300.00	\$ 375.00

Activity/Operation	Coverage Option	Number of Members/Participants	X	Rate	=	Premium
			X	\$	=	\$
			X	\$	=	\$
			X	\$	=	\$
Program Premium Due (add all lines above)						\$

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-877-648-6404 • Fax 1-260-459-5502
www.kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (FL #L093416, TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

EXPOSURE INFORMATION CONT.

Sexual Abuse or Sexual Molestation Liability (optional coverage)

Check one

- I currently have Sexual Abuse or Molestation Liability Coverage in place and need to add the additional participants/members reported on the prior page to my coverage.
- I would like to add this coverage to my policy.

* **Note:** If you would like to add this coverage to your policy mid-term, please contact us for additional information on the proper form to complete for review and approval.

Rate	X	Total # of Participants	=	Premium Due
\$.43	X	Total # of participants/members from previous page	=	\$

PAYMENT DUE

Program Premium	\$
Sexual Abuse or Sexual Molestation Liability Premium	\$
Total Premium Due (add lines above)	\$

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.

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

Other (please explain): _____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

If applicable:

5. 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 partial or incorrect name and/or instructions. Please check your request carefully before submitting.

PAYMENT OPTIONS

Submit completed supplemental and payment to:

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@eventinsurance-kk.com
or
- **Fax** 1-260-459-5502

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.

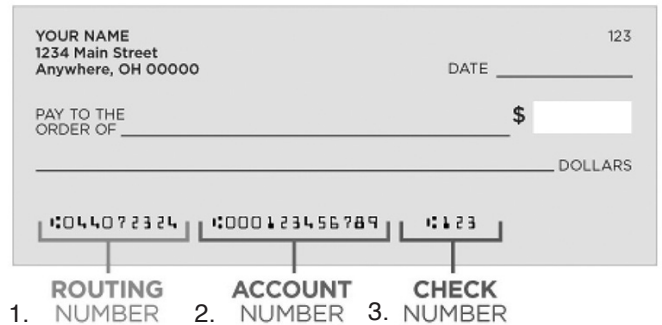
Name on Bank Account: _____ Bank Name: _____
 Draft Amount : \$ _____ Checking, or Savings
 Bank Account Routing/Transit Number* _____ Bank Account Number* _____
 *See below for an explanation of where to locate these two sets of numbers on your bank check.

_____ 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/Transit 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 Mail
 - K&K Insurance
Social Clubs RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338
- Overnight Mail
- K&K Insurance
Social Clubs RPG Program
1712 Magnavox Way
Fort Wayne, IN 46804

PAY BY CREDIT CARD:

- **Fax only** 1-260-459-5502
- 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.