

Amateur Sports Tournaments and Events 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: _____

EXPOSURE INFORMATION

Notes: • Please provide all information on a per event basis

- You must submit this request form **PRIOR** to the effective date of event
- 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/limits currently provided with your policy
- If you have multiple sports for a single coverage tournament or event, please contact us for proper classification
- Premiums are 100% fully earned and non-refundable upon inception of the tournament/event
- Coverage may be subject to review and approval of additional information (e.g.: copy of your brochure or flyer)
- Should you carry limits or need limits above \$2,000,000, please contact our office prior to completing this form
- Please refer to the policy or program brochure for ineligible operations and those operations that are excluded under this policy.

1. Event information:

Name of event: _____ Type of competition/sport(s): _____

Date of event (actual date): ____/____/____ to ____/____/____

Dates of event (include set-up and tear-down): ____/____/____ to ____/____/____

Hours of event (include set-up and tear-down): _____ A.M. / P.M. to _____ A.M. / P.M.

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
- Professional sports events, try-outs or training camps
- Virtual events/activities
- Monetary compensation or prize money awarded to the participants
- Admission charge for spectators over \$20

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)

5. Will alcoholic beverages be sold/provided at this tournament/event?

☐ Yes ☐ No

If yes:

a. Who is providing the alcohol? ☐ Insured ☐ Facility ☐ Caterer/vendor ☐ Sponsor

If the insured is providing alcoholic beverages:

(1) How are they providing the alcoholic beverages? ☐ Being sold ☐ Furnished without a charge

(2) Is liquor liability coverage needed?

☐ Yes, I need liquor liability coverage

☐ No, I have liquor liability coverage insured elsewhere (please provide proof of coverage with this application)

☐ No, the facility, caterer/vendor, or sponsor carry the liquor permit

b. When is it provided? (check all that apply)

☐ Before the tournament/event (day of) ☐ During the tournament/event ☐ After the tournament/event

c. Who is the liquor provided/available to? (check all that apply)

☐ Participants ☐ Spectators

NOTE: Host Liquor Liability – (as provided by 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.

6. Do you have concussion management protocols/guidelines that are consistently enforced and includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions including but not limited to information such as focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about 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 TOURNAMENT AND EVENT RATES

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

* Includes \$1,000,000/\$1,000,000 Limited Neurodegenerative Injury Coverage

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	#of Participants or # of Spectators	=	Premium
		\$			=		X		=	\$

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

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

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: Cost Total (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
K&K Insurance
Tournaments & Events 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/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 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 1: 123456789 1:
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 _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

0044072324 000123456789 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.