



# Amateur Sports Tournaments and Events Supplemental Request Form

This supplemental is valid for effective dates from 3/1/24 through 2/28/25

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: \_\_\_\_\_

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

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. 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 and/or are open to the public? **(IF YES, please contact us)**  Yes  No

4. Will alcoholic beverages be sold/provided at this tournament/event?  Yes  No  
 If yes:  
 a. Who holds the permit?  Insured  Facility  Caterer/vendor  Sponsor  
 b. When is it provided?  
 Before the tournament/event  During the tournament/event  After the tournament/event  
 c. Is liquor liability coverage needed?  
 Yes, please send me a supplemental to complete for coverage consideration  
 No, I have liquor liability coverage insured elsewhere (please provide proof of coverage along with this application)  
 No, I do not need liquor liability coverage
5. 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
6. 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
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\* 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.**

**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**

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)

## 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 Fees – this is based on the Named Insured’s state from page 1

Insured’s State	HI	IL	MI	MT	NV	NY	OK	UT	WY	All Other
Surplus Line Tax	.0468	.035	.025	.0275	.035	.036	.06	.0425	.03	.025
Stamping Fee	N/A	.0004	N/A	N/A	.004	.0015	N/A	.0018	.00175	N/A
<b>FINAL STATE RATE</b>	<b>.0468</b>	<b>.0354</b>	<b>.025</b>	<b>.0275</b>	<b>.039</b>	<b>.0375</b>	<b>.06</b>	<b>.0443</b>	<b>.03175</b>	<b>.025</b>

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

Regular Mail

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

Overnight Mail

K&K Insurance  
 Tournaments & Events RPG Program  
 1712 Magnavox Way  
 Fort Wayne, IN 46804

Credit Card

Proceed to the next page to complete the credit card payment

# PAYMENT OPTIONS

Submit completed supplemental and payment to:

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\* \_\_\_\_\_

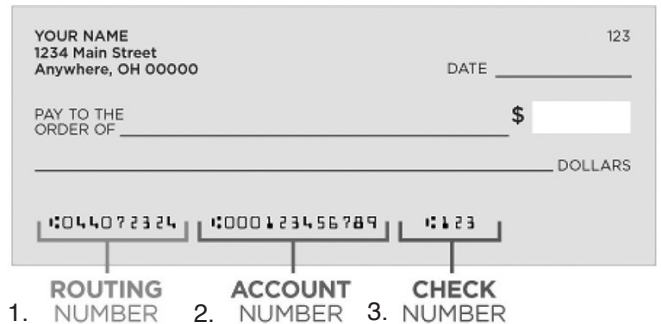
\*See below for an explanation of where to locate these two sets of numbers on your bank check.

\_\_\_\_\_  
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 Mail Overnight Mail  
K&K Insurance Tournaments & Events RPG Program P.O. Box 2338 Fort Wayne, IN 46801-2338  
K&K Insurance Tournaments & Events RPG Program 1712 Magnavox Way Fort Wayne, IN 46804

**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.