



Insuring the world's fun!

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

This supplemental is valid for effective dates from 3/1/22 through 2/28/23

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: _____

Please check the optional coverage(s) you are seeking:

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 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
- Hosted Tournament coverage is only available if Option 1 or Option 2 is purchased
- Premiums are 100% fully earned and non-refundable upon inception
- All participants must sign a waiver

HOSTED TOURNAMENT OPTIONAL COVERAGE

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.

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: _____

PREMIUM CALCULATION

Options	Hosted Tournament Rates/Premium Calculation per Tournament <small>This option is only available with CGL Options 1 or 2</small>			
Option 1 \$1,000,000 CGL Limit \$1,000,000 PLL Limit \$10,000 Med Pay with \$1,000 corridor deductible	<input type="radio"/> \$ 4.37	X	_____	= \$ _____ (A) Hosted Tournament Premium (\$400.00 minimum premium applies)
Option 2 \$1,000,000 CGL Limit \$500,000 PLL Limit Med Pay Excluded	<input type="radio"/> \$ 2.33	X	_____	= \$ _____ (A) Hosted Tournament Premium (\$350.00 minimum premium applies)
Other _____	<input type="radio"/> \$ _____	X	_____	= \$ _____ (A) Hosted Tournament Premium

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)

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	
<input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply) $$.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \quad \$ \underline{\hspace{2cm}} \text{(C)}$ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Total Replacement Value Equipment & Contents Premium (\$100.00 minimum premium applies) </div>	
<input type="radio"/> My total replacement value is over \$10,000 (A \$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000) $$.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \quad \$ \underline{\hspace{2cm}} \text{(C)}$ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Total Replacement Value Equipment & Contents Premium (\$100.00 minimum premium applies) </div>	

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): _____

Address City State Zip

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	=	\$ _____
					\$ _____ (D) Premium = greater of two totals
Other _____	<input type="radio"/> \$ _____	X	_____	=	\$ _____
	\$ _____	X	Acreage # of fields	=	\$ _____
					\$ _____ (D) Premium = greater of two totals

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.

TOTAL OPTIONAL COVERAGE PREMIUM	Hosted Tournament Premium:	\$	(A)
	Equipment and Contents Premium	\$	(B)
	Premises Liability for Sports Fields Premium:	\$	(C)
	Total Premium Due (add all lines above)	\$	

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.

PAYMENT OPTIONS

Submit completed supplemental and payment to:

Applicant business 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@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 Account Routing/Transit Number* _____ Bank Account Number* _____

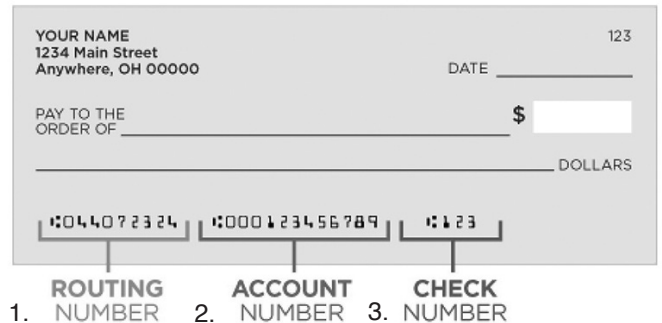
*See below for an explanation of where to locate these two sets of numbers on your bank check.

 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/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
 - Amateur Sports RPG Program
 - P.O. Box 2338
 - Fort Wayne, IN 46801-2338
- Overnight Mail
- K&K Insurance
- Amateur Sports 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.