

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

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

Physical address for sport field(s):_

Please	retain a copy of this form for your records.											
GENERAL IFORMATION	Named insured (as it appears on your Member Certificate): Policy number (as it appears on your Member Certificate): Mailing address:											
□ ≥	City: State: Zip:											
F P	Contact name: Phone: ()											
۵Ť	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 coverage commercial general liability options purchased for your team, 											
	league or association and sport and age group											
	Hosted Tournament coverage is only available for Class B and Class C sports											
	Premiums are 100% fully earned and non-refundable upon inception											
	O HOSTED TOURNAMENT OPTIONAL COVERAGE											
NC	Hosted tournaments are those you organize and operate that include participants who are not members of											
INFORMATION	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 100 spectators.											
JRI	Event name:											
ΙΕ	Event date(s):/to/ Event hours:A.M./P.M. toA.M./P.M											
	Location:											
JRE	Sport type: Age group: Total spectator attendance:											
OSURE	Proceed to page 2 for rate calculations											
EXP	O PREMISES LIABILITY 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?											
	Do you rent, donate or lease the field(s) to other organizations?											

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

Proceed to page 3 for rate calculations

City

Address

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

Zip

Options	Hosted Tournament Rates/Premium Calculation per Tournament Important Information: • Choose the option that has the same limit and deductible option as your team/league/organization coverage. • If options 1-6 do not match, please fill in your limits and deductible in option 7 along with the number of non-rostered participants and we will provide you with a quote on the cost to add your hosted tournament.					
Option 1 \$1,000,000 CGL Limit \$25,000 Med Pay w/\$100 deductible	O \$ 2.31	Х	# of non-rostered participants	= \$ Hosted Tournament Premium (\$200.00 minimum premium applies)		
Option 2 \$2,000,000 CGL Limit \$100,000 Med Pay w/\$100 deductible	O \$ 4.39	Х	# of non-rostered participants	= \$ Hosted Tournament Premium (\$275.00 minimum premium applies)		
Option 3 \$2,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	O\$ 4.73	Х	# of non-rostered participants	= \$ Hosted Tournament Premium (\$300.00 minimum premium applies)		
Option 4 \$3,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	O \$ 5.02	Х	# of non-rostered participants	= \$ Hosted Tournament Premium (\$325.00 minimum premium applies)		
Option 5 \$4,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	O\$ 5.19	Х	# of non-rostered participants	= \$ Hosted Tournament Premium (\$340.00 minimum premium applies)		
Option 6 \$5,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	O\$ 5.32	Х	# of non-rostered participants	= \$ Hosted Tournament Premium (\$351.00 minimum premium applies)		
Option 7CGL LimitMed PayDeductible	O \$	_ x	# of non-rostered participants	= \$ (minimum premium applies)		

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			Prer	nises Liabil	lity Ra	ates/Premi	um Calculation
Options			Choos			for this option league/organiz	that was purchased zation.
Ontion 4	O \$	12.71	Х		=	\$	
Option 1 \$1,000,000 CGL Limit	\$	50.00	Χ	Acreage # of fields	=	\$	\$ \$Premium = greater of two totals
On the second	O\$	19.06	Χ		=	\$	
Option 2 \$2,000,000 CGL Limit	\$	75.00	Χ	# of fields	=	\$	\$ Premium = greater of two totals
	O\$	22.24	Х		=	\$	
Option 3 \$3,000,000 CGL Limit	\$	88.00	Χ	# of fields	=	\$	\$Premium = greater of two totals
Ontion 4	О\$	24.15	Χ		=	\$	
Option 4 \$4,000,000 CGL Limit	\$	95.00	Х	Acreage # of fields	=	\$	\$Premium = greater of two totals
Ontion 5	O \$	25.55	Χ		=	\$	
Option 5 \$5,000,000 CGL Limit	\$	101.00	Χ	Acreage # of fields	=	\$	\$ Premium = greater of two totals

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: O Hosted Tournament Coverage O Premises Liability for Sports Fields Coverage
3. What is the additional insured's relationship to you? O Owner/manager/lessor of premises (facility or venue) O Sponsor O Co-promoter O Sports Governing Body 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
O 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/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.

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FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

Step 3: Total (add lines a+b) S	tep											
Second S		-			,					•		,
Step 3: Total (add lines a+b) Step 4: Calculate Surplus Lines/Stamping Fees – this is based on the Named Insured's state from page 1	Hosted Tournament premium - from page 2									\$		(
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Insured's												
Insured's HI IL MI MT NV NY OK UT WY Other	tep	tep 3: Total (add lines a+b) \$(c										
State	tep	4: Calculate Surր	plus Lines	s/Stampin	g Fees –	this is bas	sed on the	e Named I	nsured's	state fron	n page 1	
Stamping Fee N/A .0004 N/A N/A .0004 .0015 N/A .0018 .00175 N/A .0018 Fee FINAL STATE RATE .0468 .0354 .025 .0275 .039 .0375 .06 .0443 .03175 .025 Premium from Step 3 -\$			НІ	IL	МІ	MT	NV	NY	ОК	UT	WY	All Other
Fee N/A .004 N/A .004 .005 .007 N/A .0018 .0018 .00175 N/A .00175 N/A .00175 N/A .0018 .00175 N/A .0018 .00175 N/A .00175 N		•	.0468	.035	.025	.0275	.035	.036	.06	.0425	.03	.025
Premium from Step 3 -\$			N/A	.0004	N/A	N/A	.004	.0015	N/A	.0018	.00175	N/A
Premium from Step 3 -\$.0468	.0354	.025	.0275	.039	.0375	.06	.0443	.03175	.025
O 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 O Mail in Check – make check payable to K&K Insurance Group Regular Mail K&K Insurance TLA RPG Program P.O. Box 2338 1712 Magnavox Way Fort Wayne, IN 46801-2338 Fort Wayne, IN 46804	+	E. Ontional Cove	rogo Toto	I Coot (oc	م محمدا	٠ ٩/				¢.		/
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PAYMENT OPTIONS						
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Applicant business	s name:	Effective date:				
PRIOR TO THE E • E-mail info or • Fax 1-26 I (we) auth	FFECTIVE DATE @sportsinsurance-kk.com 60-459-5105	AVAILABLE FOR PURCHASES MADE 15 DAYS OR MORE a single electronic debit from the account shown below and have				
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Cardholder	signature:					

Cardholder phone number: (____)_

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.