

Options	Hosted Tournament Rates/Premium Calculation per Tournament			
Option 1 \$1,000,000 CGL Limit \$25,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 2.31	<input checked="" type="checkbox"/> X	_____ # 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	<input type="radio"/> \$ 4.39	<input checked="" type="checkbox"/> X	_____ # 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	<input type="radio"/> \$ 4.73	<input checked="" type="checkbox"/> X	_____ # 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	<input type="radio"/> \$ 5.02	<input checked="" type="checkbox"/> X	_____ # 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	<input type="radio"/> \$ 5.19	<input checked="" type="checkbox"/> X	_____ # 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	<input type="radio"/> \$ 5.32	<input checked="" type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$351.00 minimum premium applies)
Option 7 _____ CGL Limit _____ Med Pay _____ Deductible	<input type="radio"/> \$ _____	<input checked="" type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ (_____ minimum premium applies)

Options	Premises Liability Rates/Premium Calculation					
	Choose the same CGL limit for this option that was purchased for your team/league/organization.					
Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$ 12.71	X	_____	=	\$ _____	
	\$ 50.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 2 \$2,000,000 CGL Limit	<input type="radio"/> \$ 19.06	X	_____	=	\$ _____	
	\$ 75.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 3 \$3,000,000 CGL Limit	<input type="radio"/> \$ 22.24	X	_____	=	\$ _____	
	\$ 88.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 4 \$4,000,000 CGL Limit	<input type="radio"/> \$ 24.15	X	_____	=	\$ _____	
	\$ 95.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 5 \$5,000,000 CGL Limit	<input type="radio"/> \$ 25.55	X	_____	=	\$ _____	
	\$ 101.00	X	Acreage # of fields	=	\$ _____	\$ _____ 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 Premises Liability for Sports Fields Coverage
3. What is the additional insured's relationship to you?
 Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter 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
 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: _____

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 Name from page 1 _____

Step 2: Enter Program Premiums:

Hosted Tournament premium - from page 2 \$ _____ (a)

Premises Liability for Sports Fields premium - from page 3 \$ _____ (b)

Step 3: Total (add lines a+b) \$ _____ (c)

Step 4: 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
FINAL STATE RATE	.0468	.0354	.025	.0275	.039	.0375	.06	.0443	.03175	.025

Premium from Step 3 - \$ _____ (c) x **Final State Rate** from chart above \$ _____ = \$ _____ (d)

Step 5: Optional Coverage Total Cost (add lines c + d) \$ _____ (e)

Step 6: 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
 TLA RPG Program
 P.O. Box 2338
 Fort Wayne, IN 46801-2338

Overnight Mail

K&K Insurance
 TLA 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 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 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 Routin 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.

YOUR NAME 1234 Main Street Anywhere, OH 00000 123
DATE _____
PAY TO THE ORDER OF _____ \$ _____
_____ DOLLARS

044072324 000123456789 123

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. CHECK NUMBER

PAY BY CHECK: (Payable to K&K Insurance Group)

- **Mail** Regular Mail Overnight Mail
K&K Insurance
TLA RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338
K&K Insurance
TLA 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.