



Amateur Sports Teams, Leagues & Associations Supplemental Request Form

This supplemental is valid for effective dates from 3/1/24 through 2/28/2025

Please retain a copy of this form for your records.

Effective Date Needed: ____/____/____

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:

- 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, or on a later date that you may specify
- All participants were required to be reported. TBD numbers cannot be accepted.
- A roster may be requested as verification

Check one:

Adding additional participants to existing sport and age group

- If you purchased CGL limits above \$2,000,000 and/or have a Medical Payments to Participant limit different than shown and/or a deductible higher than \$100, **please contact us prior to completing this form for the proper rates to use.** (Continue to the next page for additional participant rating)

Adding new sport and/or age group

- If you purchased CGL limits above \$2,000,000 and/or have a Medical Payments to Participant limit different than shown and/or a deductible higher than \$100, **please contact us prior to completing this form for the proper rates to use.**
- You must complete questions 1 - 4 below before proceeding to rate a new sport and/or age group.

1. Are you a member of any of the following organizations (check those that apply)

<input type="radio"/> No, we are not a member of any of these organizations	<input type="radio"/> World Adult Kickball Association (WAKA®)
<input type="radio"/> American Legion Baseball	<input type="radio"/> Pop Warner
<input type="radio"/> Babe Ruth/Cal Ripken Baseball	<input type="radio"/> Soccer Association for Youth, USA (SAY Soccer)
<input type="radio"/> Babe Ruth Softball	

2. Are any of these true statements? Yes No

- You compensate players or award prize money for participation
- You are a school sanctioned sports team or league
- You are a gymnastics, martial arts, cheer or dance studio
- You hold your activities on private residential property
- You own or operate a pool

3. 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

4. If you suspect an athlete has a concussion, do you have an action plan that includes:

<input type="radio"/> Immediately removing the athlete from play or practice	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Keeping the athlete out of play or practice until they provide written clearance from a licensed physician	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Confirming sports liability waivers (informed consent) from parents and/or players are secured	<input type="radio"/> Yes <input type="radio"/> No

PROGRAM PREMIUM CALCULATION

For \$1,000,000 CGL with \$25,000 Medical Payments for Participants with a \$100 deductible

If you have different limits than noted above or on the next page, please contact us **PRIOR** to completing this form.

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

CLASS A SPORTS (including Umpire & Referee Associations for Class A Sports)	Rates (per participant, all sports, all ages)
	\$ 3.75

CLASS B SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 6.59	\$ 10.97	\$ 17.50	\$ 31.97
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 6.34	\$ 7.58	\$ 15.85	\$ 21.35
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 6.04	\$ 6.04	\$ 6.04	\$ 6.04
Drill team, Dance team	\$ 6.76	\$ 8.19	\$ 17.78	N/A
Cricket, Squash	\$ 6.20	\$ 9.98	\$ 15.61	\$ 28.08
Water polo	\$ 7.77	\$ 8.93	\$ 10.78	Class A \$ 3.75
Softball	\$ 6.23	\$ 7.45	\$ 17.50	\$ 31.97
Umpire & referee associations for Class B Sports	\$ 9.21	\$ 9.21	\$ 9.21	\$ 9.21
Volleyball	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41
Weightlifting	\$ 17.90	\$ 17.90	\$ 17.90	Class A \$ 3.75

CLASS C SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13 - 15	16 - 19	20 & Over
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 7.09	\$ 8.33	\$ 16.60	\$ 22.10
Cheerleading	\$ 7.51	\$ 8.94	\$ 18.53	N/A
Lacrosse, Water hockey, Flex Football™	\$ 8.52	\$ 9.68	\$ 11.53	Class A \$ 3.75
Soccer	\$ 9.16	\$ 10.50	\$ 12.66	N/A
Tackle and contact football	\$ 24.95	\$ 44.10	\$ 58.91	N/A
Wrestling	\$ 18.65	\$ 18.65	\$ 18.65	Class A \$ 3.75
Umpire & referee associations for Class C Sports	\$ 9.96	\$ 9.96	\$ 9.96	\$ 9.96

*Note: Rates include Limited Neurodegenerative Injury Coverage to Specified Players for Sports or Athletic Activities. If you did not purchase this coverage, adjustments will be made at the time of binding.

Please select only one limit option to apply for all sports and age groups
 NOTE: If you have Class A, Class B or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	Class (check sports class option)	Age Group of participants	# of part.	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

For Umpire and Referee Associations - complete only the section below if you are an Umpire/Referee Association

List the sport you umpire/referee	Class (check sports class option)	Age group of umpire/referees	# of members	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

Premium: (add all lines above) \$ (a)

Does your current policy include Sexual Misconduct Liability Coverage? Yes No
 If yes, please continue with rating for this coverage

Total Number of Players from above	=		X	Rate \$0.75	=	\$	(b)
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Total Premium Due (add lines a + b): = \$

PROGRAM PREMIUM CALCULATION

For \$2,000,000 CGL with \$100,000 Medical Payments for Participants with a \$100 deductible

If you have different limits than noted above or on previous pages, please contact us PRIOR to completing this form

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

CLASS A SPORTS (including Umpire & Referee Associations for Class A sports)	Rates (per participant, all sports, all ages)			
	\$ 5.63			
CLASS B SPORTS	Rates (per participant, all sports)			
Ages	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 9.24	\$ 15.14	\$ 20.26	\$ 40.98
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 8.92	\$ 10.74	\$ 20.77	\$ 27.67
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 8.51	\$ 8.51	\$ 8.51	\$ 8.51
Drill team, Dance team	\$ 9.44	\$ 11.56	\$ 23.19	N/A
Cricket, Squash	\$ 9.05	\$ 13.82	\$ 18.25	\$ 36.11
Water polo	\$ 11.14	\$ 13.09	\$ 14.47	Class A \$ 5.63
Softball	\$ 8.75	\$ 10.53	\$ 20.26	\$ 40.98
Umpire/referee assoc. - Class B Sports	\$ 12.28	\$ 12.28	\$ 12.28	\$ 12.28
Volleyball	\$ 8.98	\$ 8.98	\$ 8.98	\$ 8.98
Weightlifting	\$ 23.94	\$ 23.94	\$ 23.94	Class A \$ 5.63

CLASS C SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13 - 15	16 - 19	20 & Over
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 10.04	\$ 11.86	\$ 21.89	\$ 28.79
Cheerleading	\$ 10.56	\$ 12.68	\$ 24.31	N/A
Lacrosse, Water hockey, Flex Football™	\$ 12.26	\$ 14.21	\$ 15.59	Class A \$5.63
Soccer	\$ 13.14	\$ 15.40	\$ 17.01	N/A
Tackle and contact football	\$ 33.44	\$ 59.67	\$ 76.67	N/A
Wrestling	\$ 25.06	\$ 25.06	\$ 25.06	Class A \$5.63
Umpire/referee assoc. - Class C Sports	\$ 13.40	\$ 13.40	\$ 13.40	\$13.40

Please select only one limit option to apply for all sports and age groups

NOTE: If you have Class A, Class B or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	Class (check sports class option)	Age Group of participants	# of part.	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

For Umpire and Referee Associations - complete only the section below if you are an Umpire/Referee Association

List the sport you umpire/referee	Class (check sports class option)	Age group of umpire/referees	# of members	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

Premium: (add all lines above) \$

Does your current policy include Sexual Misconduct Liability Coverage? Yes No
If yes, please continue with rating for this coverage

Total Number of Players from above	=		X	Rate \$0.75	=	\$	
Total Premium Due (add lines a + b):						=	\$

PROGRAM PREMIUM CALCULATION

For \$2,000,000 CGL with \$250,000 Medical Payments for Participants with a \$100 deductible

If you have different limits than noted above or on previous pages, please contact us PRIOR to completing this form

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

CLASS A SPORTS (including Umpire & Referee Associations for Class A sports)	Rates (per participant, all sports, all ages)
	\$ 5.63

CLASS B SPORTS	Rates (per participant, all sports)			
Ages	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 9.99	\$ 17.13	\$ 23.22	\$ 48.09
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 9.65	\$ 11.79	\$ 23.85	\$ 32.51
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 9.60	\$ 9.60	\$ 9.60	\$ 9.60
Drill team, Dance team	\$ 10.29	\$ 12.77	\$ 26.77	N/A
Cricket, Squash	\$ 9.39	\$ 15.55	\$ 20.79	\$ 42.23
Water polo	\$ 11.79	\$ 13.90	\$ 16.28	Class A \$ 5.63
Softball	\$ 9.45	\$ 11.56	\$ 23.22	\$ 48.09
Umpire/referee assoc. - Class B Sports	\$ 13.95	\$ 13.95	\$ 13.95	\$ 13.95
Volleyball	\$ 10.22	\$ 10.22	\$ 10.22	\$ 10.22
Weightlifting	\$ 27.64	\$ 27.64	\$ 27.64	Class A \$ 5.63

CLASS C SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13 - 15	16 - 19	20 & Over
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 10.77	\$ 12.91	\$ 24.97	\$ 33.63
Cheerleading	\$ 11.41	\$ 13.89	\$ 27.89	N/A
Lacrosse, Water hockey, Flex Football™	\$ 12.91	\$ 15.02	\$ 17.40	Class A \$ 5.63
Soccer	\$ 13.89	\$ 16.35	\$ 19.12	N/A
Tackle and contact football	\$ 37.54	\$ 68.97	\$ 89.38	N/A
Wrestling	\$ 28.76	\$ 28.76	\$ 28.76	Class A \$ 5.63
Umpire/referee assoc. - Class C Sports	\$ 15.07	\$ 15.07	\$ 15.07	\$ 15.07

Please select only one limit option to apply for all sports and age groups

NOTE: If you have Class A, Class B or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	Class (check sports class option)	Age Group of participants	# of part.	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

For Umpire and Referee Associations - complete only the section below if you are an Umpire/Referee Association

List the sport you umpire/referee	Class (check sports class option)	Age group of umpire/referees	# of members	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

Premium: (add all lines above) \$

Does your current policy include Sexual Misconduct Liability Coverage? Yes No
If yes, please continue with rating for this coverage

Total Number of Players from above	=		X	Rate \$0.75	=	\$
Total Premium Due (add lines a + b):					=	\$

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.

CERT REQUEST #1

- 1. When is this certificate needed? : ___/___/___
2. This certificate is for: General Liability Coverage Hosted Tournament 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

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.

CERT REQUEST #2

- 1. When is this certificate needed? : ___/___/___
2. This certificate is for: General Liability Coverage Hosted Tournament 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

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 Premium:

Program Liability premium from page 2, 3 or 4 \$ _____ (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
FINAL STATE RATE	.0468	.0354	.025	.0275	.039	.0375	.06	.0443	.03175	.025

Premium from Step 2 - \$ _____ (a) x **Final State Rate** from chart above \$ _____ = \$ _____ (b)

Step 4: Liability 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
 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

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 (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

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: _____

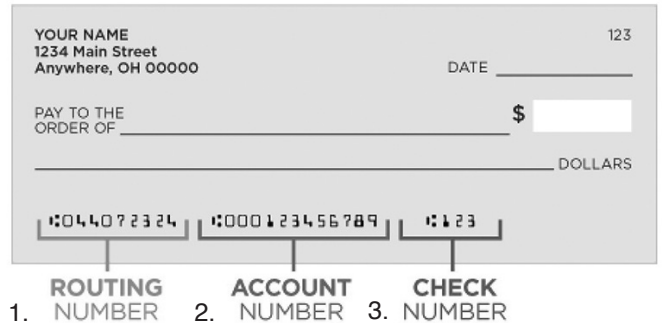
Authorized Signature(s) - (Not required if authorization by phone by K&K)

Date: _____

Authorized Signature(s) - (Not required if authorization by phone by K&K)

EXPLANATION OF CHECK NUMBERS

1. Bank Routing Number - This is a nine digit number separated by a bar and a colon I: 123456789 I:
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 K&K Insurance
TLA RPG Program TLA RPG Program
P.O. Box 2338 1712 Magnavox Way
Fort Wayne, IN 46801-2338 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.