

# **Amateur Sports Teams, Leagues & Associations**

## **Optional Coverages Supplemental Request Form**

Please retain a copy of this form for your records.

**EXPOSURE INFORMATION** 

insurance):
insurance)
State: Zip:
Phone: ()
Fax: ()
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

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Hosted tournaments must be 7 days or less in duration.

Event name:								
Event date(s): Location:	/	/_	to	/	/	Event hours:	A.M./P.M. to	A.M./P.M
Sport type:				Age gr	oup:	Τ	otal spectator atte	ndance:

#### 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

neid(s) to other organizatio	ns.						
Effective date needed:		to	/_	/	_		
Are you a not-for-profit orga	anization?				$\subset$	Yes O No	
Do you rent, donate or leas	se the field(s)	to other	organiz	ations?	$\subset$	Yes O No	
Physical address for sport	field(s):						
		Address			City	State	Zip

Pullen Insurance Services, Inc. • 2560 River Park Plaza, Suite 300 • Ft. Worth, TX 76116 817.738.6100 • Fax 817.738.2993 rpg@pullenins.com CA#0G6671 • TX#13233

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Options	Hosted Tournament Rates/Premium Calculation per Tournament						
Option 1 \$1,000,000 CGL Limit \$25,000 Med Pay	<b>)</b> \$	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	<b>)</b> \$	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	<b>O</b> \$	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	<b>)</b> \$	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	<b>)</b> \$	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	<b>)</b> \$	5.32	Х	# of non-rostered participants = \$ Hosted Tournament Premium (\$351.00 minimum premium applies)			
Option 7CGL LimitMed Pay	O \$_		Х	= \$ # of non-rostered participants ( minimum premium applies)			
Options	Premises Liability Rates/Premium Calculation						
Option 1 \$1,000,000 CGL Limit	<b>)</b> \$	12.71 50.00	X X	= \$ Acreage			
Option 2 \$2,000,000 CGL Limit	<b>)</b> \$	19.06 75.00	X X	Acreage = \$			
Option 3 \$3,000,000 CGL Limit	<b>)</b> \$	22.24 88.00	X X	= \$ Acreage			
Option 4 \$4,000,000 CGL Limit	<b>)</b> \$	24.15 95.00	X X	Acreage = \$			
Option 5 \$5,000,000 CGL Limit	<b>)</b> \$	25.55 101.00	X X	= \$			
	Total Premium Due						
Total Premium Due: (add all premium calculations above) \$							

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