



Amateur Sports Teams, Leagues & Associations Supplemental Request Form

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: _____

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 are required to be reported. TBD numbers cannot be accepted.
- A roster may be requested as verification
- Refer to the Amateur Sports Teams, Leagues & Association brochure for sport eligibility, coverage option classifications and rates. For limits above \$2,000,000, please contact us for a quote.
- Should you have \$1,000,000 of Sexual Abuse or Sexual Molestation Liability coverage in place with us, you will need to rate for this additional exposure with any increments you may add below on the next page.
- For tackle and contact football (age 19 & under), cheerleading (age 19 & under), lacrosse (age 19 & under), soccer (age 19 & under), wrestling (age 19 & under), deck/floor/street hockey, field hockey, roller hockey (quad), water hockey (age 19 & under), and umpire/referee associations for Class C Sports the LLP limit will be limited to \$1,000,000 per occurrence regardless of the general liability limit purchased.

Does your team, league or organization include any of the following sports? Yes No

If yes, please check those that apply and answer questions #1 and #2.

Cheerleading (age 19 & under) Roller hockey (quad) Umpire/referee associations for Class C sports
 Deck/floor/street hockey Soccer (age 19 & under)
 Field hockey Tackle & contact football (age 19 & under) Water hockey (age 19 & under)
 Lacrosse (age 19 & under) Wrestling (age 19 & under)

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

a. Immediately removing the athlete from play or practice Yes No

b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? Yes No

2. Does your operation involve tackle or contact football? Yes No

If yes,

Do you maintain a system for your tackle or contact football activities that 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 a suspected concussion? Yes No

Note: The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course for coaches on their website: www.cdc.gov/concussion/HeadsUp/youth.html.

Program Liability

Check one:

- Adding additional participants to existing sport and age group
- Adding new sport and/or age group

Effective date needed: ____ / ____ / ____

Sport	Class A, B or C	Exclude Brain Injury Coverage?	Age Group of participants	# of participants	X	Rate	=	Premium
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
For Umpire and Referee Associations - complete only if you are an Umpire/Referee Association								
List the sport you umpire/referee	Class A, B or C	Exclude Brain Injury Coverage?	Age group of umpire/referees	# of members	X	Rate	=	Premium
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
Program Premium Due: (add all premium lines above to obtain premium due)								\$

Sexual Abuse or Sexual Molestation Liability (optional coverage)

Check one

- I currently have Sexual Abuse or Molestation Liability Coverage in place and need to add the additional participants reported on the prior page to my coverage.
- I would like to add this coverage to my policy.

* **Note:** If you would like to add this coverage to your policy mid-term, please contact us for additional information on the proper form to complete for review and approval.

Rate	X	Total # of Participants	=	Premium Due
\$.71	X	_____ Total # of participants from previous page	=	\$

Program Liability Premium	\$
Sexual Abuse or Sexual Molestation Liability Premium	\$
Total Premium Due (add lines above)	\$

Rec: ____ / ____ / ____ Policy #: _____ Cert #: _____ Insured #: _____
 Opt: _____ Premium: \$ _____ Eff/Exp: ____ / ____ / ____ to ____ / ____ / ____
 Comments: _____
 Opt Form: 2026 2011 2404 8016 8018 876 Delivery: M F E Date: ____ / ____ / ____

CERTIFICATE REQUESTS

Complete this section to request a certificate. Provide separate requests for each additional certificate needed.

Date needed by: ____/____/____

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Other: _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (*Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions*).

Form CG2026 Primary endorsement Waiver of subrogation

Other (please explain): _____ If applicable: _____

RE: 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: _____

MAILING INSTRUCTIONS

Submit completed supplemental form, with payment, to us.

Email: rpg@pullenins.com
Fax: 817.738.2993
Mail: Pullen Insurance Services, Inc
2560 River Park Plaza, Suite 300
Ft. Worth, TX 76116

PAYMENT INFORMATION

100% of the premium is due upon receipt of this supplemental.

Check: Please make check payable to Pullen Insurance Services. Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize Pullen Insurance Services to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____