



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

This supplemental is valid for effective dates from 3/1/25 through 2/28/26

Please retain a copy of this form for your records.

### GENERAL INFORMATION

Named insured (as it appears on your Member Certificate): \_\_\_\_\_  
Policy number (as it appears on your Member Certificate): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
NY Applicants must provide a street address. PO Boxes cannot be accepted.  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### EXPOSURE INFORMATION

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

#### ☐ 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 3 days or less in duration, have 8 teams or less, have no more than 100 outside participants and no more than 1000 spectators.

Event name: \_\_\_\_\_

Event date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Event hours: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M. \_\_\_\_

Location: \_\_\_\_\_

Sport type: \_\_\_\_\_ Age group: \_\_\_\_\_ Total spectator attendance: \_\_\_\_\_

**Proceed to page 2 for rate calculations**

#### ☐ 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? ☐ Yes ☐ No

Do you rent, donate or lease the field(s) to other organizations? ☐ Yes ☐ No

Physical address for sport field(s): \_\_\_\_\_

Address

City

State

Zip

**Proceed to page 3 for rate calculations**

Academic HealthPlans, Inc. • PO Box 81315, Cleveland, OH 44181 • 1-913-754-5617

E-mail = [recsportsandmore@recsportsandmore.ahpcare.com](mailto:recsportsandmore@recsportsandmore.ahpcare.com) • Fax 1-913-754-5617

[www.mycare26.com/specialty-programs](http://www.mycare26.com/specialty-programs)

CA # 0H64806, TX # 1554208, FL # L074590

Options	<div>Hosted Tournament Rates/Premium Calculation per Tournament</div> <div>Important Information:</div> <ul style="list-style-type: none"> <li>Choose the option that has the same limit and deductible option as your team/league/organization coverage.</li> <li>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.</li> </ul>				
<b>Option 1</b> \$1,000,000 CGL Limit \$25,000 Med Pay w/\$100 deductible	<input type="radio"/>	\$ 2.31	X	_____	= \$ _____
				# of non-rostered participants	Hosted Tournament Premium (\$200.00 minimum premium applies)
<b>Option 2</b> \$2,000,000 CGL Limit \$100,000 Med Pay w/\$100 deductible	<input type="radio"/>	\$ 4.39	X	_____	= \$ _____
				# of non-rostered participants	Hosted Tournament Premium (\$275.00 minimum premium applies)
<b>Option 3</b> \$2,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/>	\$ 4.73	X	_____	= \$ _____
				# of non-rostered participants	Hosted Tournament Premium (\$300.00 minimum premium applies)
<b>Option 4</b> \$3,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/>	\$ 5.02	X	_____	= \$ _____
				# of non-rostered participants	Hosted Tournament Premium (\$325.00 minimum premium applies)
<b>Option 5</b> \$4,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/>	\$ 5.19	X	_____	= \$ _____
				# of non-rostered participants	Hosted Tournament Premium (\$340.00 minimum premium applies)
<b>Option 6</b> \$5,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/>	\$ 5.32	X	_____	= \$ _____
				# of non-rostered participants	Hosted Tournament Premium (\$351.00 minimum premium applies)
<b>Option 7</b> _____ CGL Limit _____ Med Pay _____ Deductible	<input type="radio"/>	\$ _____	X	_____	= \$ _____
				# of non-rostered participants	(_____ minimum premium applies)

Options	<b>Premises Liability Rates/Premium Calculation</b> Choose the same CGL limit for this option that was purchased for your team/league/organization.					
<b>Option 1</b> \$1,000,000 CGL Limit	<input type="radio"/> \$ 12.71	X	_____	=	\$ _____	
	\$ 50.00	X	Acreage	=	\$ _____	\$ _____
			# of fields	=	\$ _____	Premium = greater of two totals
<b>Option 2</b> \$2,000,000 CGL Limit	<input type="radio"/> \$ 19.06	X	_____	=	\$ _____	
	\$ 75.00	X	Acreage	=	\$ _____	\$ _____
			# of fields	=	\$ _____	Premium = greater of two totals
<b>Option 3</b> \$3,000,000 CGL Limit	<input type="radio"/> \$ 22.24	X	_____	=	\$ _____	
	\$ 88.00	X	Acreage	=	\$ _____	\$ _____
			# of fields	=	\$ _____	Premium = greater of two totals
<b>Option 4</b> \$4,000,000 CGL Limit	<input type="radio"/> \$ 24.15	X	_____	=	\$ _____	
	\$ 95.00	X	Acreage	=	\$ _____	\$ _____
			# of fields	=	\$ _____	Premium = greater of two totals
<b>Option 5</b> \$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/Transaction Fees – this is based on the Named Insured’s state from page 1

NOTE: If your state is not specifically listed, use the last column labeled “All Other States”. All states must calculate a surplus lines/stamping/transaction fee.

Insured’s State	HI	IL	MI	MT	NV	NY	OK	UT	WY	All Other States
Surplus Line Tax	.0468	.035	.025	.0275	.035	.036	.06	.0425	.03	.025
Stamping/Transaction Fee	N/A	.0004	N/A	N/A	.004	.0015	.00175	.0018	.00175	N/A
<b>FINAL STATE RATE</b>	<b>.0468</b>	<b>.0354</b>	<b>.025</b>	<b>.0275</b>	<b>.039</b>	<b>.0375</b>	<b>.06175</b>	<b>.0443</b>	<b>.03175</b>	<b>.025</b>

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

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

## PAYMENT OPTIONS

Submit completed supplemental and payment via one of the options below.

NOTE: This program is 100% fully earned at inception. Premium finance payments cannot be accepted, unless the premium finance company agrees to the 100% fully earned policy.

- ☐ ACH – this option is only available for purchases made 15 days or more prior to the effective date  
Proceed to <https://res.epaypolicy.com> to complete the ACH payment
- ☐ Mail in Check – make check payable to Academic HealthPlans, Inc.  
Academic HealthPlans, Inc.  
PO Box 81315  
Cleveland, OH 44181
- ☐ Credit Card - please note there will be a 3.5% fee added for credit card transactions  
Proceed to <https://res.epaypolicy.com> to complete the credit card payment