

## **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 re   | ecords.                      |                     |                       |                      |  |  |  |  |  |  |
|----------------------|--|------------------------------|---------------------|-----------------------|----------------------|--|--|--|--|--|--|
|                      | Named insured (as it appears on you  | ur Member Certificat         | e):                 |                       |                      |  |  |  |  |  |  |
| GENERAL<br>FORMATION | Policy number (as it appears on you  |                              | ,                   |                       |                      |  |  |  |  |  |  |
| <b>₽</b> Ĕ           | Mailing address:   |                              | ,                   |                       |                      |  |  |  |  |  |  |
| A A                  | NY Applicants mus  | t provide a street ad        | dress. PO Boxes     | cannot be accep       | oted.                |  |  |  |  |  |  |
| Z E                  | City:  |                              |                     | State:                | Zip:                 |  |  |  |  |  |  |
| 9<br>6<br>8          | Contact name:  |                              | Pho                 | one: (                |                      |  |  |  |  |  |  |
| Z                    | Cell: ()   |                              |                     |                       |                      |  |  |  |  |  |  |
|                      | E-mail:  |                              |                     |                       |                      |  |  |  |  |  |  |
|                      |  |                              |                     |                       |                      |  |  |  |  |  |  |
|                      | Please check the optional coverage(s)  | vou are seeking:             |                     |                       |                      |  |  |  |  |  |  |
|                      | Notes:   | you are seeking.             |                     |                       |                      |  |  |  |  |  |  |
|                      |  | orm <b>PRIOR</b> to the effe | ctive date needed   | I                     |                      |  |  |  |  |  |  |
|                      | <ul> <li>You must submit this request form PRIOR to the effective date needed</li> <li>Coverage will be made effective the day after this request form and payment are received by us, or</li> </ul> |                              |                     |                       |                      |  |  |  |  |  |  |
|                      | on a later date that you may specify   |                              |                     |                       |                      |  |  |  |  |  |  |
|                      | <ul> <li>Coverage must follow the same coverage commercial general liability options purchased for your team,</li> </ul>   |                              |                     |                       |                      |  |  |  |  |  |  |
|                      | league or association and sport and age group  Hosted Tournament coverage is only available for Class B and Class C sports   |                              |                     |                       |                      |  |  |  |  |  |  |
|                      | <ul> <li>Hosted Tournament coverage is</li> <li>Premiums are 100% fully earned</li> </ul>  | -                            |                     | sports                |                      |  |  |  |  |  |  |
|                      | Fremiums are 100 % fully earner  | a and non-returnable         | в протгінсерногі    |                       |                      |  |  |  |  |  |  |
| 7                    | O HOSTED TOURNAMENT OPTIC  | NAL COVERAGE                 |                     |                       |                      |  |  |  |  |  |  |
| <u>ō</u>             | Hosted tournaments are those you   | organize and operate         | e that include part | icipants who are n    | ot members of        |  |  |  |  |  |  |
| AT                   | your club or team. Hosted tournaments must be 3 days or less in duration, have 8 teams or less, have no more   |                              |                     |                       |                      |  |  |  |  |  |  |
| INFORMATION          | than 100 outside participants and r  | no more than 1000 sp         | ectators.           |                       |                      |  |  |  |  |  |  |
| Ö                    | Event name:  |                              |                     |                       |                      |  |  |  |  |  |  |
| 뿔                    | Event date(s)://   | to/                          | _ Event hours:      | A.M./P.M. to          | A.M./P.M             |  |  |  |  |  |  |
|                      | Location:  |                              |                     |                       |                      |  |  |  |  |  |  |
| UB                   | Sport type:  | Age group:                   | T                   | otal spectator atter  | ndance:              |  |  |  |  |  |  |
| XPOSURE              | Proceed to page 2 for rate calculations  |                              |                     |                       |                      |  |  |  |  |  |  |
| Ϋ́P                  |  |                              |                     |                       |                      |  |  |  |  |  |  |
| û                    | O PREMISES LIABILITY OPTIONA   | AL COVERAGE                  |                     |                       |                      |  |  |  |  |  |  |
|                      | This coverage provides premises li   | ability coverage for th      | nose organizations  | s that are a not-for- | -profit organization |  |  |  |  |  |  |
|                      | and own, operate or are responsib  | le for a sports field(s)     | on a 24 hour basi   | is and do not rent,   | donate or lease the  |  |  |  |  |  |  |
|                      | field(s) to other organizations.   |                              |                     |                       |                      |  |  |  |  |  |  |
|                      | Effective date needed:/  | _/ to/                       | /                   |                       |                      |  |  |  |  |  |  |
|                      | Are you a not-for-profit organization  | n?                           | 0                   | Yes O No              |                      |  |  |  |  |  |  |
|                      | Do you rent, donate or lease the fie   | eld(s) to other organiz      | cations?            | Yes O No              |                      |  |  |  |  |  |  |
|                      | Physical address for sport field(s):   |                              |                     |                       |                      |  |  |  |  |  |  |

Academic HealthPlans, Inc. • PO Box 81315, Cleveland, OH 44181 • 1-913-754-5617 E-mail = recsportsandmore@recsportsandmore.ahpcare.com · Fax 1-913-754-5617 www.mycare26.com/specialty-programs CA # 0H64806, TX # 1554208, FL # L074590

Proceed to page 3 for rate calculations

City

Address

Zip

State

|  | Hosted Tournament Rates/Premium Calculation per Tournament Important Information:  Choose the option that has the same limit and deductible option as your team/league/organization coverage.  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. |                                  |   |  |  |  |  |  |
|--|--|----------------------------------|---|--|--|--|--|--|
| Options  |  |                                  |   |  |  |  |  |  |
| Option 1<br>\$1,000,000 CGL Limit<br>\$25,000 Med Pay<br>w/\$100 deductible  | O \$ 2.31  | X# of non-rostered participants  | = \$<br>Hosted Tournament Premium<br>(\$200.00 minimum premium applies) |  |  |  |  |  |
| Option 2<br>\$2,000,000 CGL Limit<br>\$100,000 Med Pay<br>w/\$100 deductible | O \$ 4.39  | X                                | = \$<br>Hosted Tournament Premium<br>(\$275.00 minimum premium applies) |  |  |  |  |  |
| Option 3<br>\$2,000,000 CGL Limit<br>\$250,000 Med Pay<br>w/\$100 deductible | O \$ 4.73  | X # of non-rostered participants | = \$<br>Hosted Tournament Premium<br>(\$300.00 minimum premium applies) |  |  |  |  |  |
| Option 4<br>\$3,000,000 CGL Limit<br>\$250,000 Med Pay<br>w/\$100 deductible | O \$ 5.02  | X # of non-rostered participants | = \$<br>Hosted Tournament Premium<br>(\$325.00 minimum premium applies) |  |  |  |  |  |
| Option 5<br>\$4,000,000 CGL Limit<br>\$250,000 Med Pay<br>w/\$100 deductible | O\$ 5.19   | X# of non-rostered participants  | = \$<br>Hosted Tournament Premium<br>(\$340.00 minimum premium applies) |  |  |  |  |  |
| Option 6<br>\$5,000,000 CGL Limit<br>\$250,000 Med Pay<br>w/\$100 deductible | O\$ 5.32   | X# of non-rostered participants  | = \$<br>Hosted Tournament Premium<br>(\$351.00 minimum premium applies) |  |  |  |  |  |
| Option 7CGL LimitMed PayDeductible   | O \$   | X# of non-rostered participants  | = \$<br>( minimum premium applies)                                      |  |  |  |  |  |

| Ontions               |   |        |   |                        | • |    | nium Calculation                      |  |
|-----------------------|---|--------|---|------------------------|---|----|---------------------------------------|--|
| Options               | Choose the same CGL limit for this option that was purchased for your team/league/organization. |        |   |                        |   |    |                                       |  |
| Option 1              | O\$   | 12.71  | Χ | Acrongo                | = | \$ |                                       |  |
| \$1,000,000 CGL Limit | \$  | 50.00  | Χ | Acreage<br># of fields | = | \$ | \$ Premium = greater of two totals    |  |
| Option 2              | О\$   | 19.06  | Χ |                        | = | \$ |                                       |  |
| \$2,000,000 CGL Limit | \$  | 75.00  | Χ | # of fields            | = | \$ | \$ Premium = greater of two totals    |  |
| Option 3              | O\$   | 22.24  | Χ | A                      | = | \$ |                                       |  |
| \$3,000,000 CGL Limit | \$  | 88.00  | Х | # of fields            | = | \$ | \$Premium = greater of two totals     |  |
| Option 4              | О\$   | 24.15  | Χ |                        | = | \$ |                                       |  |
| \$4,000,000 CGL Limit | \$  | 95.00  | Х | # of fields            | = | \$ | \$<br>Premium = greater of two totals |  |
| Option 5              | О\$   | 25.55  | Χ |                        | = | \$ |                                       |  |
| \$5,000,000 CGL Limit | \$  | 101.00 | Χ | Acreage<br># of fields | = | \$ | \$<br>Premium = greater of two totals |  |

| 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: O Hosted Tournament Coverage O Premises Liability for Sports Fields Coverage  |
| 3. What is the additional insured's relationship to you?  Owner/manager/lessor of premises (facility or venue) Osponsor Oco-promoter Osports 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? O Yes O No   |
| If yes, check all that apply: ○ CG2026 ○ Primary ○ Waiver of subrogation  |
| O 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  |   |  |  |  |   |   |   |  |   |   |
|--|---|--|--|--|---|---|---|--|---|---|
|  | INAL P  | ATIVIEN  | II CAL   | CULA   | ION A   | ND PA   | Y IVIEIN I  | OPTIO  | INO   |   |
| tep 1: Applicant Busines   | s Name f  | rom pag  | e 1  |  |   |   |   |  |   |   |
| Step 2: Enter Program Premiums:  |   |  |  |  |   |   |   |  |   |   |
| Hosted Tournament premium - from page 2  |   |  |  |  |   |   |   | \$_  |   | (a)   |
| Premises Liability for Sports Fields premium - from page 3   |   |  |  |  |   |   |   | \$_  |   | (b)   |
|  |   |  |  |  |   |   |   |  |   |   |
| <b>Step 3:</b> Total (add lines a+b) \$(c)   |   |  |  |  |   |   |   | (c)  |   |   |
| tep 4: Calculate Surplus   | Lines/St  | amping/1   | Fransacti  | ion Fees   | – this is   | based o   | n the Nar   | ned Insur  | red's stat  | e from page 1   |
|  |   |  |  |  | last colu   | umn labe  | eled "All O   | ther State   | es". All s  | tates must  |
| Insured's<br>State   | НІ  | IL   | МІ   | МТ   | NV  | NY  | ОК  | UT   | WY  | All<br>Other States   |
| Surplus Line<br>Tax  | .0468   | .035   | .025   | .0275  | .035  | .036  | .06   | .0425  | .03   | .025  |
| Stamping/Transaction<br>Fee  | N/A   | .0004  | N/A  | N/A  | .004  | .0015   | .00175  | .0018  | .00175  | N/A   |
| FINAL STATE<br>RATE  | .0468   | .0354  | .025   | .0275  | .039  | .0375   | .06175  | .0443  | .03175  | .025  |
|  |   |  |  |  |   |   |   |  |   | (d)   |
| · · · · · · · · · · · · · · · · · · ·  |   |  |  |  |   |   |   |  |   |   |
|  |   |  | Step 5: Optional Coverage Total Cost (add lines c + d) \$(e)   |  |   |   |   |  |   |   |
| tep 5: Optional Coverago   | e Total C   | ost (add   | lines c +  | d)   |   |   |   | \$.  |   | (e)   |
| tep 5: Optional Coverag  | e Total C   | ost (add   | lines c +  | d)   |   |   |   | \$.  |   | (e)   |
| <b>tep 5:</b> Optional Coverag   | e Total C   | ost (add   |  | ,  | Γ ΟΡΤΙ  | ONS   |   | \$.  |   | (e)   |
|  |   |  | PA   | YMEN <sup>-</sup>  |   |   |   |  |   | (e)   |
|  |   |  | PA   | YMEN <sup>-</sup>  |   |   | of the op   |  |   | (e)   |
|  | bmit com  | pleted su  | PA<br>upplement  | YMEN ntal and ion. Pre   | payment   | t via one   |   | tions belc   | ow.   | .,  |
| Sul<br>OTE: This program is 10   | omit com<br>00% fully<br>agrees   | pleted su<br>earned a<br>to the 10   | PA<br>upplement<br>at incepti<br>0% fully  | YMEN ntal and ion. Prelearned p  | payment<br>mium fin<br>policy.  | t via one<br>ance pa  | yments ca   | iions belo   | ow.<br>accepted   | , unless the  |
| Sul<br>OTE: This program is 10<br>remium finance company   | bmit com<br>00% fully<br>agrees   | pleted su<br>earned a<br>to the 10<br>only avai  | PA upplement at inception 0% fully ulable for  | YMEN ntal and ion. Prei earned purchas   | payment<br>mium fin<br>policy.<br>es made   | t via one<br>ance pa  | yments ca   | iions belo   | ow.<br>accepted   | , unless the  |
| Sul OTE: This program is 10 remium finance company O ACH – this 0  | bmit com<br>00% fully<br>agrees<br>option is o  | pleted su<br>earned a<br>to the 10<br>only avai  | PA upplement at inception 0% fully dable for upolicy.com   | YMEN ntal and ion. Pre earned purchas  | payment<br>mium fin<br>policy.<br>es made<br>mplete th  | t via one<br>ance pa<br>e 15 days<br>ne ACH p   | yments ca<br>s or more<br>payment   | iions belo   | ow.<br>accepted   | , unless the  |
| Sul<br>OTE: This program is 10<br>remium finance company<br>O ACH – this 0<br>Proceed t  | bmit com<br>00% fully<br>agrees<br>option is<br>to https://<br>ck – make<br>HealthP   | pleted su<br>earned a<br>to the 10<br>only avai<br>res.epay<br>e check p   | PA upplement at inception 0% fully ulable for policy.co  | YMEN ntal and ion. Pre earned purchas  | payment<br>mium fin<br>policy.<br>es made<br>mplete th  | t via one<br>ance pa<br>e 15 days<br>ne ACH p   | yments ca<br>s or more<br>payment   | iions belo   | ow.<br>accepted   | , unless the  |
| Sul OTE: This program is 10 remium finance company O ACH – this o Proceed to O Mail in Cheo Academic PO Box 8                                    | omit com<br>00% fully<br>agrees<br>option is<br>to https://<br>ck – make<br>HealthP<br>1315<br>d, OH 44   | pleted su<br>earned a<br>to the 10<br>only avai<br>res.epay<br>e check p<br>rlans, Inc   | pa<br>upplement<br>at incepti<br>0% fully<br>ilable for<br>rpolicy.co<br>payable to  | ntal and ion. Prelearned purchas om to corto Acade   | payment<br>mium fin<br>policy.<br>es made<br>mplete th<br>mic Hea   | t via one<br>ance pa<br>e 15 days<br>ne ACH p<br>lthPlans   | yments ca<br>s or more<br>payment<br>, Inc.   | tions belo<br>annot be a<br>prior to th  | ow.<br>accepted<br>ne effecti   | , unless the  |
| Sul<br>OTE: This program is 10<br>remium finance company<br>O ACH – this o<br>Proceed to<br>O Mail in Cheo<br>Academic<br>PO Box 8<br>Clevelance | bmit com<br>00% fully<br>agrees<br>option is<br>to https://<br>ck – make<br>HealthP<br>1315<br>d, OH 44   | pleted su<br>earned a<br>to the 10<br>only avai<br>res.epay<br>e check p<br>rlans, Inc<br>181  | upplement at inception of fully ilable for policy.co   | ntal and ion. Precent of purchas om to conto Acade   | payment<br>mium fin<br>policy.<br>es made<br>mplete th<br>mic Hea   | t via one ance pay e 15 days ne ACH p IthPlans  | yments cases or more payment, Inc.  | nnot be a  | ow.<br>accepted<br>ne effecti   | , unless the  |
|  | tep 1: Applicant Busines tep 2: Enter Program | tep 1: Applicant Business Name for tep 2: Enter Program Premiums:  Hosted Tournament por Premises Liability for state 3: Total (add lines a+b)  tep 3: Total (add lines a+b)  tep 4: Calculate Surplus Lines/State NOTE: If your state is not calculate a surplus lines/state  Insured's State HI  Surplus Line Tax .0468  Stamping/Transaction Fee FINAL STATE RATE .0468 | tep 1: Applicant Business Name from pag tep 2: Enter Program Premiums:  Hosted Tournament premium -  Premises Liability for Sports Fi  tep 3: Total (add lines a+b)  tep 4: Calculate Surplus Lines/Stamping/T  NOTE: If your state is not specifica calculate a surplus lines/stamping/t  Insured's HI IL  Surplus Line Tax .0468 .035  Stamping/Transaction Fee FINAL STATE RATE .0468 .0354 | tep 1: Applicant Business Name from page 1  tep 2: Enter Program Premiums:  Hosted Tournament premium - from page 1  Premises Liability for Sports Fields presented at the presentation of the pre | tep 1: Applicant Business Name from page 1  tep 2: Enter Program Premiums:  Hosted Tournament premium - from page 2  Premises Liability for Sports Fields premium - from page 2  Total (add lines a+b)  tep 4: Calculate Surplus Lines/Stamping/Transaction Fees NOTE: If your state is not specifically listed, use the calculate a surplus lines/stamping/transaction fee.  Insured's HI IL MI MT  Surplus Line Tax | tep 1: Applicant Business Name from page 1  tep 2: Enter Program Premiums:  Hosted Tournament premium - from page 2  Premises Liability for Sports Fields premium - from page  tep 3: Total (add lines a+b)  tep 4: Calculate Surplus Lines/Stamping/Transaction Fees – this is  NOTE: If your state is not specifically listed, use the last colucalculate a surplus lines/stamping/transaction fee.  Insured's  State  HI  IL  MI  MT  NV  Surplus Line  Tax  .0468 .035 .025 .0275 .035  Stamping/Transaction Fee  FINAL STATE RATE  .0468 .0354 .025 .0275 .039 | tep 1: Applicant Business Name from page 1  tep 2: Enter Program Premiums:  Hosted Tournament premium - from page 2  Premises Liability for Sports Fields premium - from page 3  tep 3: Total (add lines a+b)  tep 4: Calculate Surplus Lines/Stamping/Transaction Fees – this is based of NOTE: If your state is not specifically listed, use the last column laber calculate a surplus lines/stamping/transaction fee.    Insured's | tep 1: Applicant Business Name from page 1  tep 2: Enter Program Premiums:  Hosted Tournament premium - from page 2  Premises Liability for Sports Fields premium - from page 3  tep 3: Total (add lines a+b)  tep 4: Calculate Surplus Lines/Stamping/Transaction Fees – this is based on the Name NOTE: If your state is not specifically listed, use the last column labeled "All Ocalculate a surplus lines/stamping/transaction fee.    Insured's State | tep 1: Applicant Business Name from page 1  tep 2: Enter Program Premiums:  Hosted Tournament premium - from page 2  Premises Liability for Sports Fields premium - from page 3  \$  tep 3: Total (add lines a+b)  \$  tep 4: Calculate Surplus Lines/Stamping/Transaction Fees – this is based on the Named Insur NOTE: If your state is not specifically listed, use the last column labeled "All Other Staticalculate a surplus lines/stamping/transaction fee.    Insured's | tep 1: Applicant Business Name from page 1  tep 2: Enter Program Premiums:  Hosted Tournament premium - from page 2  Premises Liability for Sports Fields premium - from page 3  \$ |