Martial Arts Schools & Programs
Hosted Tournament Supplemental Request Form

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

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: _____

City: _____ State: _____ Zip:_____

Contact name: _____ Phone: (_____) _____

Cell: (_____) _____ Fax: (_____) _____

E-mail: _____ Website: _____

EXPOSURE INFORMATION

Note:
- You must submit this request form prior to the effective date needed
- Where allowed by state jurisdiction, hosted tournament premiums are 100% fully earned and non-refundable once the tournament begins
- Competitions/Events/Tournaments with any of the following styles or similar styles of martial arts are not eligible for this coverage: Dim mak, Haganah, Kali/escrima, Mixed martial arts, Sayoc kali, Thai boxing, Muay thai, Ultimate/extreme/cage fighting
- Hosted tournaments must be 7 days or less in duration
- Should you have Sexual Abuse or Sexual Molestation Liability coverage in place with us, you will need to submit this supplemental for a quotation. Please DO NOT submit payment at this time. We will send you a quote with the correct payment due. Note, this coverage is only available if you already have it in place for your martial arts facility.

If you have over 500 non-rostered participants in your hosted tournament, please contact us.

Premium is determined by applying the appropriate rate for the coverage option selected to your non-rostered participant count. Choose the same limit option selected for your school or organization. For multiple hosted tournaments, complete separate requests with the information provided below for each tournament.

Tournament Information

Event name: _____

Event dates: _____/_____/_____ to _____/_____/_____ Event hours: _____ A.M./P.M. to _____ A.M./P.M.

Location: _____

❍ Check here if you currently have Sexual Abuse or Sexual Molestation Liability Coverage in place

Options	# of Non-rostered Participants per Tournament		
	1-50 participants	**51-100 participants**	**101-500 participants**
Option 1 $1,000,000 CGL Limit	❍ $ 185.37	❍ $ 368.42	❍ $ 553.79
Option 2 $2,000,000 CGL Limit	❍ $ 278.06	❍ $ 552.63	❍ $ 830.69
Option 3 $3,000,000 CGL Limit	❍ $ 324.40	❍ $ 644.74	❍ $ 969.13
Option 4 $4,000,000 CGL Limit	❍ $ 352.20	❍ $ 700.00	❍ $1,052.20
Option 5 $5,000,000 CGL Limit	❍ $ 372.59	❍ $ 740.52	❍ $1,113.12

CERTIFICATE REQUESTS

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.

1. When is this certificate needed? : _____ / _____ / _____

2. What is the additional insured's relationship to you?

❍ Owner/manager/lessor of premises (facility or venue) ❍ Sponsor ❍ Co-promoter

❍ Other (please identify/explain):_____

NOTE: The certificate holder will automatically be an additional insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

3. Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip:_____

4. Does the certificate holder/additional insured require any special wording or endorsements? ❍ Yes ❍ No

If yes, check all that apply: ❍ CG2026 ❍ Primary/Noncontributory ❍ Waiver of subrogation

❍ Other (please explain):_____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

5. 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:

Venue name: _____

Venue address:_____

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.

100% of the premium is due to bind coverage.
Payment plans are not available with supplemental requests.

PAYMENT OPTIONS

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

Applicant business name: _____ Effective date:_____

Select Payment Option:

❍ 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

Academic HealthPlans, Inc. • PO Box 81315, Cleveland, OH 44181 • Ph 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