

Amateur Sports Adult Soccer Teams, Leagues & Associations Supplemental Request Form

This supplemental is valid for effective dates from 3/1/24 through 2/28/25

Please retain a copy of this form for your records.

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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:	
Cell: ()Fa.	x: ()
E-mail: \	Website:

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 current and complete roster with names and ages (ages only, no birthdates) of all participants is required to bind coverage. All participants must sign waivers
- You must choose the same coverage option that is currently bound and in effect

O Adding additional participants	S	
Effective date needed:	/	/

ADDITIONAL Use these rates to				е.	
Coverage Option	\$1,000,000 CGL Limit	\$2,000,000 CGL Limit	\$3,000,000 CGL Limit	\$4,000,000 CGL Limit	\$5,000,000 CGL Limit
Option 1 Commercial General Liability with \$1,000,000 Legal Liability to Participants and \$10,000 Medical Payments for Participants	\$35.91	\$39.78	\$41.71	\$42.87	\$43.72
Option 2 Commercial General Liability with \$500,000 Legal Liability to Participants and Medical Payments for Participants Excluded	\$7.42	\$11.13	\$12.99	\$14.10	\$14.91
Option 3 Commercial General Liability Only Legal Liability to Participants and Medical Payments for Participants are both Excluded	\$5.18	\$7.77	\$9.07	\$9.84	\$10.41

Note: Rates include Limited Neurodegenerative Injury Coverage to Specified Players for Sports or Athletic Activities. If you did not purchase this coverage, adjustments will be made at the time of binding.

	SEXUAL MISCONDUCT LIABILITY RATES Use only if you were approved and purchased this optional coverage at the time of your original binding					
Option 1	Option 2	Option 3				
\$1.30	\$1.24	\$1.04				

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	ADDITIO	ONA	AL PARTICIPAN	ADDITIONAL PARTICIPANTS PREMIUM CALCULATION						
Coverage Option 1, 2 or 3	# of Players Age 18 and Over	+	# of Players Age 16 to 17	=	Total # of Players	x	Rate (see pg 1)	=		Program Premium Due
										(a)
Does your current police If yes, you will need to						O No)			
Total Number of Play	ers from above				=	x	Rate (see pg	- 1	=	(b)
Total Premium Due (a	add lines a + b):								=	

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?:// This certificate is for: O General Liability Coverage
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:
City: State: Zip:
4. Does the certificate holder/additional insured require any special wording or endorsements? O Yes O No
If yes, check all that apply: O CG2026 O Primary O Waiver of subrogation
Other (please explain):
NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.
If applicable:
5. 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

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-426-2889 • Fax 1-260-459-5105 www.kandkinsurance.com

instructions. Please check your request carefully before submitting.

K&K Insurance Group, Inc. is a licensed insurance producer in all states (FL license #L007299, TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

FINAL	PAYMENT C	ALCIII ATION	I AND PAVM	ENT OPTIONS
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3: Calculate Sur	olus Lines	/Stamping	g Fees –	this is bas	ed on the	Named I	nsured's	state from	n page 1	
Insured's State	н	IL	МІ	MT	NV	NY	ОК	UT	WY	All Other
Surplus Line Tax	.0468	.035	.025	.0275	.035	.036	.06	.0425	.03	.025
Stamping Fee	N/A	.0004	N/A	N/A	.004	.0015	N/A	.0018	.00175	N/A
FINAL STATE RATE	.0468	.0354	.025	.0275	.039	.0375	.06	.0443	.03175	.025
Premium from Ste	ep 2 -\$		(a) x <u>Fina</u>	al State R	ate from	chart abov	/e \$	= \$		
Premium from Ste	ep 2 -\$		(a) x Fina	al State R	ate from	chart abov	/e \$	= \$		
			(a) x <u>Fina</u>	al State R	ate from	chart abov	/e \$	= \$ \$		
p 4: Cost Total (ad	d lines a -		(a) x <u>Fina</u>	al State R	ate from	chart abov	/e \$			
	d lines a -		(a) x <u>Fina</u>	al State R	ate from	chart abov	/e \$			
p 4: Cost Total (ad	d lines a ⊣ nt Option	- b)						\$		date
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PAYMENT OPTIONS

100% of the premium and ROSTER (name and age) are due upon receipt of this supplemental

Submit a completed supplemental and payment to:

Applicant bu	usiness name:	Effective date:
PRIOR TO	THE EFFECTIVE DATE info@sportsinsurance-kk.com 1-260-459-5105	ONLY AVAILABLE FOR PURCHASES MADE 15 DAYS OR MORE nitiate a single electronic debit from the account shown below and have
Nam Draf	ched a voided copy of the check. ne on Bank Account: ft Amount : \$ k Routing Number*	
	e below for an explanation of where to locate	e these two sets of numbers on your bank check. Date: Drization by phone by K&K)
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Bank number Accounting first or Check of che	Routing Number - This is a nine digit er separated by a bar and a colon I: 1234 ant Number - This number may appear as third series of numbers. Please read cat Number - Matches number in the upper eck. NOT REQUIRED FOR ACH. IECK: (Payable to K&K Insurance Group) Regular Mail K&K Insurance Soccer RPG Program	s the second, arefully. r right corner ROUTING ACCOUNT CHECK
DAV BV CD	P.O. Box 2338 Fort Wayne, IN 46801-2338	1712 Magnavox Way Fort Wayne, IN 46804
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CSC # I autho Print r Cardl	# (card security) code: orize K&K Insurance Group, Inc. to cha name (as on card):	Expiration date: arge my payment to my credit card in the amount of \$ FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.