



# Cheer Gyms Meets, Competitions and Events Request Form

Hosted events are those you organize and operate that include participants who are not members of your club or gym. **Hosted events must be seven days or less in duration.**

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

Note:

- You must submit this request form prior to the effective date needed
- The same coverages and limits would apply to this optional coverage as purchased for your school/club or gym
- Where allowed by state jurisdiction, hosted event premiums are 100% fully earned and non-refundable once the event begins
- Hosted events must be seven days or less in duration

Premium is determined by applying the appropriate rate to your non-rostered participant count. For multiple hosted events, complete separate requests with the information provided below for each event.

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: \_\_\_\_\_

Options/Rates	\$1,000,000 CGL with \$150,000 Medical Payments for Participants Rates/Premium Calculation per Hosted Event
<b>1 Day Event</b> All States, except Hawaii Rate = \$3.30 Hawaii Rate = \$3.00	<input type="radio"/> \$ _____ x _____ = \$ _____ <div style="text-align: center;"># of Non-rostered Participants</div> <div style="text-align: right;">Hosted Event Premium</div>
<b>2 or 3 Days Event</b> All States, except Hawaii Rate = \$4.40 Hawaii Rate = \$4.00	<input type="radio"/> \$ _____ x _____ = \$ _____ <div style="text-align: center;"># of Non-rostered Participants</div> <div style="text-align: right;">Hosted Event Premium</div>
<b>4 - 7 Days Event</b> All States, except Hawaii Rate = \$11.00 Hawaii Rate = \$10.00	<input type="radio"/> \$ _____ x _____ = \$ _____ <div style="text-align: center;"># of Non-rostered Participants</div> <div style="text-align: right;">Hosted Event Premium</div>

For liability limits of \$2,000,000 - \$5,000,000 proceed to the next page to complete to obtain a quotation from us.

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-648-6406 • Fax 1-260-459-5940  
[www.kandkinsurance.com](http://www.kandkinsurance.com)

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)

Number of Event Days	CGL Limit Needed	Complete for Liability Limits \$2,000,000 - \$5,000,000 Rate/Premium Calculation per Hosted Event
1 Day Event	\$ _____	<input type="radio"/> \$ _____ x _____ = \$ _____ Rate # of Non-rostered Participants Hosted Event Premium
2 or 3 Days Event	\$ _____	<input type="radio"/> \$ _____ x _____ = \$ _____ Rate # of Non-rostered Participants Hosted Event Premium
4 – 7 Days Event	\$ _____	<input type="radio"/> \$ _____ x _____ = \$ _____ Rate # of Non-rostered Participants Hosted Event Premium

## 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.**

**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 instructions. Please check your request carefully before submitting.**

**100% of the premium is due upon receipt of this supplemental.  
Payment plans are not available with supplemental requests.**

## PAYMENT OPTIONS

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

Applicant business name: \_\_\_\_\_ Effective date: \_\_\_\_\_

**PAY BY ACH (Bank Account): THIS OPTION IS ONLY AVAILABLE FOR PURCHASES MADE 15 DAYS OR MORE PRIOR TO THE EFFECTIVE DATE**

- **E-mail** info@gymnasticsinsurance-kk.com  
or
- **Fax** 1-260-459-5940

I (we) authorize K&K Insurance Group to initiate a single electronic debit from the account shown below and have attached a voided copy of the check.

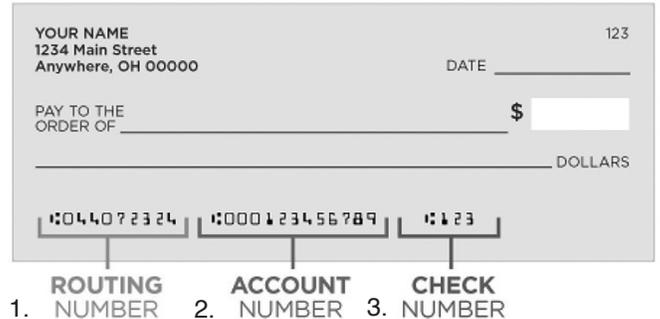
Name on Bank Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
 Draft Amount : \$ \_\_\_\_\_  Checking, or  Savings  
 Bank Routing Number\* \_\_\_\_\_ Bank Account Number\* \_\_\_\_\_  
 \*See below for an explanation of where to locate these two sets of numbers on your bank check.

\_\_\_\_\_  
 Authorized Signature(s) - (Not required if authorization by phone by K&K) Date: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature(s) - (Not required if authorization by phone by K&K) Date: \_\_\_\_\_

**EXPLANATION OF CHECK NUMBERS**

1. Bank Routing Number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



**PAY BY CHECK:** (Payable to K&K Insurance Group)

- **Mail** K&K Insurance  
Cheer RPG Program  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

**PAY BY CREDIT CARD:**

- **Fax only** 1-260-459-5940
- VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Card number: \_\_\_\_\_  
 CSC # (card security) code: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ \_\_\_\_\_  
 Print name (as on card): \_\_\_\_\_  
 Cardholder signature: \_\_\_\_\_  
 Cardholder phone number: (\_\_\_\_) \_\_\_\_\_

FATCA Notice: Please go to [Aon.com/FATCA](http://Aon.com/FATCA) to obtain appropriate W-9.