



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 Member Certificate): _____
 Policy number (as it appears on your Member Certificate): _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Contact name: _____ Phone: (____) _____
 Cell: (____) _____ Fax: (____) _____
 E-mail: _____

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
 - 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 cheer gym.

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: _____

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

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

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

Complete the below to obtain a quote for CGL limits of \$2,000,000 - \$5,000,000

Number of Event Days	CGL Limit Needed	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 to bind coverage.
Payment plans are not available with supplemental requests.**

**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**

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)

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 I: 123456789 I:
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.

The diagram shows a check with the following fields:

- YOUR NAME: 1234 Main Street, Anywhere, OH 00000
- DATE: _____
- PAY TO THE ORDER OF: _____ \$ _____ DOLLARS
- Routing Number: 123456789 (indicated by a box and labeled 1. ROUTING NUMBER)
- Account Number: 123456789 (indicated by a box and labeled 2. ACCOUNT NUMBER)
- Check Number: 123 (indicated by a box and labeled 3. CHECK NUMBER)

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 to obtain appropriate W-9.