



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.

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: _____

IMPORTANT INFORMATION

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

Adding additional participants

Effective date needed: ____/____/____

ADDITIONAL PARTICIPANT PROGRAM RATES
Use these rates to figure out your premium on the next page.

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

FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

Step 1: Applicant Business Name from page 1 _____

Step 2: Enter Additional Participants Premium from page 2: \$ _____ (a)

Step 3: Calculate Surplus Lines/Stamping Fees – this is based on the Named Insured’s state from page 1

Insured’s State	HI	IL	MI	MT	NV	NY	OK	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 Step 2 - \$ _____ (a) x **Final State Rate** from chart above \$ _____ = \$ _____ (b)

Step 4: Cost Total (add lines a + b) \$ _____

Step 5: Select Payment Option

- ACH – this option is only available for purchases made 15 days or more prior to the effective date
Proceed to the next page to complete the ACH payment

- Mail in Check – make check payable to K&K Insurance Group

<u>Regular Mail</u> K&K Insurance Soccer RPG Program P.O. Box 2338 Fort Wayne, IN 46801-2338	<u>Overnight Mail</u> K&K Insurance Soccer RPG Program 1712 Magnavox Way Fort Wayne, IN 46804
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- Credit Card
Proceed to the next page to complete the credit card payment

