



Amateur Sports Teams, Leagues & Associations

Supplemental Request Form (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

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 were required to be reported. TBD numbers cannot be accepted.
- A roster may be requested as verification
- Refer to the Amateur Sports Teams, Leagues & Association brochure for sport eligibility, coverage option classifications and rates. For limits above \$2,000,000, please contact us for a quote.
- Should you have \$1,000,000 of Sexual Abuse or Sexual Molestation Liability coverage in place with us, you will need to rate for this additional exposure with any increments you may add below on the next page.

1. Does your team, league or organization include any of the following sports? Yes No

If yes, please check those that apply and answer questions a. and b.

- | | | |
|---|--|--|
| <input type="radio"/> Cheerleading (age 19 & under) | <input type="radio"/> Lacrosse (age 19 & under) | <input type="radio"/> Umpire/referee associations for Class C sports |
| <input type="radio"/> Deck/floor/street hockey | <input type="radio"/> Roller hockey (quad) | <input type="radio"/> Water hockey (age 19 & under) |
| <input type="radio"/> Field hockey | <input type="radio"/> Soccer (age 19 & under) | <input type="radio"/> Wrestling (age 19 & under) |
| <input type="radio"/> Flex Football™ (age 19 & under) | <input type="radio"/> Tackle & contact football (age 19 & under) | |

a. If you suspect an athlete has a concussion, do you have an action plan that includes:

- Immediately removing the athlete from play or practice Yes No
- Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? Yes No

b. Does your operation involve tackle or contact football? Yes No

If yes,

Do you maintain a system for your tackle or contact football activities that includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion? Yes No

Note: The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course for coaches on their website: www.cdc.gov/concussion/HeadsUp/youth.html.

Relation Insurance Services - Specialty Risk, Inc. • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
 E-mail = programs@relationinsurance.com • Fax 1-913-327-0201 • www.4RecSportsAndMore.com
 CA #0H18178, TX #1657333

Program Liability

Check one:

- Adding additional participants to existing sport and age group
- Adding new sport and/or age group

NOTE: Class C Sports have the option to include limited coverage for brain injuries. If you include the coverage, the limit for "brain injury" will be limited to \$1,000,000 for those players in Class C Sports.

Brain Injury limit/Aggregate limit: \$ 1,000,000 / \$ 1,000,000

Loss Adjustment Expense limit/Aggregate limit: \$ 1,000,000 / \$ 1,000,000

"Brain injury" means concussion, chronic traumatic encephalopathy or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

Effective date needed: ____/____/____

| Sport | Class A, B or C | Exclude Brain Injury Coverage? (applies to Class C sports only) | Age Group of participants | # of participants | X | Rate | = | Premium |
|---|-----------------|--|------------------------------|-------------------|---|------|---|-----------|
| | | Yes <input type="radio"/> No <input type="radio"/> | | | X | \$ | = | \$ |
| | | Yes <input type="radio"/> No <input type="radio"/> | | | X | \$ | = | \$ |
| | | Yes <input type="radio"/> No <input type="radio"/> | | | X | \$ | = | \$ |
| For Umpire and Referee Associations - complete only if you are an Umpire/Referee Association | | | | | | | | |
| List the sport you umpire/referee | Class A, B or C | Exclude Brain Injury Coverage? (applies to Class C sports only) | Age group of umpire/referees | # of members | X | Rate | = | Premium |
| | | Yes <input type="radio"/> No <input type="radio"/> | | | X | \$ | = | \$ |
| Program Premium Due: (add all premium lines above to obtain premium due) | | | | | | | | \$ |

Sexual Abuse or Sexual Molestation Liability (optional coverage)

Check one

- I currently have Sexual Abuse or Molestation Liability Coverage in place and need to add the additional participants reported on the prior page to my coverage.
- I would like to add this coverage to my policy.

* **Note:** If you would like to add this coverage to your policy mid-term, please contact us for additional information on the proper form to complete for review and approval.

| Rate | X | Total # of Participants | = | Premium Due |
|--------|---|------------------------------------|---|-------------|
| \$.71 | X | Total # of participants from above | = | \$ |

| | |
|--|-----------|
| Program Liability Premium | \$ |
| Sexual Abuse or Sexual Molestation Liability Premium | \$ |
| Total Premium Due (add lines above) | \$ |

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.

CERT REQUEST #1

- 1. When is this certificate needed? : ____/____/____
 - 2. This certificate is for: General Liability Coverage Hosted Tournament Coverage
 - 3. What is the additional insured's relationship to you?
 - Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter Sports Governing Body
 - Other (please identify/explain): _____
- NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship
- 4. Certificate holder/additional insured name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
 - 5. Does the certificate holder/additional insured require any special wording or endorsements? Yes No
If yes, check all that apply: CG2026 Primary Waiver of subrogation
 Other (please explain): _____

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

- 6. 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.

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CERT REQUEST #2

- 1. When is this certificate needed? : ____/____/____
 - 2. This certificate is for: General Liability Coverage Hosted Tournament Coverage
 - 3. What is the additional insured's relationship to you?
 - Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter Sports Governing Body
 - Other (please identify/explain): _____
- NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship
- 4. Certificate holder/additional insured name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
 - 5. Does the certificate holder/additional insured require any special wording or endorsements? Yes No
If yes, check all that apply: CG2026 Primary Waiver of subrogation
 Other (please explain): _____

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

- 6. 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.

PAYMENT OPTIONS

Submit completed supplemental and payment to:

Organization/host name: _____ Effective date: _____

PAY BY ACH (Bank Account):

• **E-mail** programs@relationinsurance.com
or

• **Fax** 1-913-327-0201

I (we) authorize Relation Insurance Services to initiate a single electronic debit from the account shown below:

Name on Bank Account: _____ Bank Name: _____

Draft Amount : \$ _____ Checking, or Savings

Bank Account Routing/Transit Number* _____ Bank Account Number* _____

*See below for an explanation of where to locate these two sets of numbers on your bank check.

_____ Date: _____

Authorized Signature(s) - (Not required if authorization by phone)

_____ Date: _____

Authorized Signature(s) - (Not required if authorization by phone)

EXPLANATION OF CHECK NUMBERS

1. Bank Routing/Transit 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.

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

044072324 | 000123456789 | 123

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. CHECK NUMBER

PAY BY CHECK: (Payable to Relation Insurance Services)

• **Mail** Regular Mail Overnight Mail

Relation Insurance Services
P.O. Box 25936
Overland Park, KS 66225

Relation Insurance Services
9225 Indian Creek
Parkway, Suite 700
Overland Park, KS 66210

PAY BY CREDIT CARD:

• **Fax only** 1-913-327-0201

VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize Relation Insurance Services to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Cardholder phone number: (____) _____