



Amateur Sports Teams, Leagues & Associations Optional Coverages 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

Please check the optional coverage(s) you are seeking:

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 by us, or on a later date that you may specify
- Coverage must follow the same coverage commercial general liability options purchased for your team, league or association and sport and age group
- Hosted Tournament coverage is only available for Class B and Class C sports
- Premiums are 100% fully earned and non-refundable upon inception

HOSTED TOURNAMENT OPTIONAL COVERAGE

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Hosted tournaments must be 3 days or less in duration.

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: _____

PREMISES LIABILITY OPTIONAL COVERAGE

This coverage provides premises liability coverage for those organizations that are a not-for-profit organization and own, operate or are responsible for a sports field(s) on a 24 hour basis and do not rent, donate or lease the field(s) to other organizations.

Effective date needed: ____/____/____ to ____/____/____

Are you a not-for-profit organization? Yes No

Do you rent, donate or lease the field(s) to other organizations? Yes No

Physical address for sport field(s): _____

Address City State Zip

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

PREMIUM CALCULATION

Options	Hosted Tournament Rates/Premium Calculation per Tournament				
Option 1 \$1,000,000 CGL Limit \$25,000 Med Pay	<input type="radio"/> \$ 2.31	X	<u> </u> # of non-rostered participants	= \$ <u> </u>	Hosted Tournament Premium (\$200.00 minimum premium applies)
Option 2 \$2,000,000 CGL Limit \$100,000 Med Pay	<input type="radio"/> \$ 4.39	X	<u> </u> # of non-rostered participants	= \$ <u> </u>	Hosted Tournament Premium (\$275.00 minimum premium applies)
Option 3 \$2,000,000 CGL Limit \$250,000 Med Pay	<input type="radio"/> \$ 4.73	X	<u> </u> # of non-rostered participants	= \$ <u> </u>	Hosted Tournament Premium (\$300.00 minimum premium applies)
Option 4 \$3,000,000 CGL Limit \$250,000 Med Pay	<input type="radio"/> \$ 5.02	X	<u> </u> # of non-rostered participants	= \$ <u> </u>	Hosted Tournament Premium (\$325.00 minimum premium applies)
Option 5 \$4,000,000 CGL Limit \$250,000 Med Pay	<input type="radio"/> \$ 5.19	X	<u> </u> # of non-rostered participants	= \$ <u> </u>	Hosted Tournament Premium (\$340.00 minimum premium applies)
Option 6 \$5,000,000 CGL Limit \$250,000 Med Pay	<input type="radio"/> \$ 5.32	X	<u> </u> # of non-rostered participants	= \$ <u> </u>	Hosted Tournament Premium (\$351.00 minimum premium applies)
Option 7 <u> </u> CGL Limit <u> </u> Med Pay	<input type="radio"/> \$ <u> </u>	X	<u> </u> # of non-rostered participants	= \$ <u> </u>	(<u> </u> minimum premium applies)
Options	Premises Liability Rates/Premium Calculation				
Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$ 12.71	X	<u> </u> Acreage	= \$ <u> </u>	\$ <u> </u> Premium = greater of two totals
	\$ 50.00	X	<u> </u> # of fields	= \$ <u> </u>	
Option 2 \$2,000,000 CGL Limit	<input type="radio"/> \$ 19.06	X	<u> </u> Acreage	= \$ <u> </u>	\$ <u> </u> Premium = greater of two totals
	\$ 75.00	X	<u> </u> # of fields	= \$ <u> </u>	
Option 3 \$3,000,000 CGL Limit	<input type="radio"/> \$ 22.24	X	<u> </u> Acreage	= \$ <u> </u>	\$ <u> </u> Premium = greater of two totals
	\$ 88.00	X	<u> </u> # of fields	= \$ <u> </u>	
Option 4 \$4,000,000 CGL Limit	<input type="radio"/> \$ 24.15	X	<u> </u> Acreage	= \$ <u> </u>	\$ <u> </u> Premium = greater of two totals
	\$ 95.00	X	<u> </u> # of fields	= \$ <u> </u>	
Option 5 \$5,000,000 CGL Limit	<input type="radio"/> \$ 25.55	X	<u> </u> Acreage	= \$ <u> </u>	\$ <u> </u> Premium = greater of two totals
	\$ 101.00	X	<u> </u> # of fields	= \$ <u> </u>	
Total Premium Due					
Total Premium Due: (add all premium calculations 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: Hosted Tournament Coverage Premises Liability for Sports Fields 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.

CERT REQUEST #2

1. When is this certificate needed? : ____/____/____

2. This certificate is for: Hosted Tournament Coverage Premises Liability for Sports Fields 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.

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

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

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.

The diagram shows a check with the following fields: YOUR NAME (1234 Main Street, Anywhere, OH 00000), DATE, PAY TO THE ORDER OF, and a dollar amount. Below the check, the MICR line is shown with three boxes: 1. ROUTING NUMBER (044072324), 2. ACCOUNT NUMBER (000123456789), and 3. CHECK NUMBER (123).

PAY BY CHECK: (Payable to Relation Insurance Services)

- **Mail**
 - Regular Mail

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

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: (____) _____