



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 7 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

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	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	=	\$ _____ 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	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	=	\$ _____ 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	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	=	\$ _____ 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	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	=	\$ _____ 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	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	=	\$ _____ 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	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	=	\$ _____ Hosted Tournament Premium (\$351.00 minimum premium applies)
Option 7 ____ CGL Limit ____ Med Pay	<input type="radio"/> \$ _____	X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	=	\$ _____ (_____ minimum premium applies)
Options	Premises Liability Rates/Premium Calculation				
Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$ 12.71	X	$\frac{\text{_____}}{\text{\# of fields}}$	=	\$ _____ Premium = greater of two totals
Option 2 \$2,000,000 CGL Limit	<input type="radio"/> \$ 19.06	X	$\frac{\text{_____}}{\text{\# of fields}}$	=	\$ _____ Premium = greater of two totals
Option 3 \$3,000,000 CGL Limit	<input type="radio"/> \$ 22.24	X	$\frac{\text{_____}}{\text{\# of fields}}$	=	\$ _____ Premium = greater of two totals
Option 4 \$4,000,000 CGL Limit	<input type="radio"/> \$ 24.15	X	$\frac{\text{_____}}{\text{\# of fields}}$	=	\$ _____ Premium = greater of two totals
Option 5 \$5,000,000 CGL Limit	<input type="radio"/> \$ 25.55	X	$\frac{\text{_____}}{\text{\# of fields}}$	=	\$ _____ Premium = greater of two totals
Total Premium Due					
Total Premium Due: (add all premium calculations above)					\$ _____

CERTIFICATE REQUESTS

Complete this section to request a certificate. Provide separate requests for each additional certificate needed.

Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.

Date needed by: ____/____/____

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Other: _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions**).

Form CG2026 Primary endorsement Waiver of subrogation

Other (please explain): _____

If applicable:

For Specific event: 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: _____

MAILING INSTRUCTIONS

Submit completed supplemental form, with payment, to us.

- E-mail programs@relationinsurance.com
- Fax 1-913-327-0201
- Mail Relation Insurance Services
P.O. Box 25936
Overland Park, KS 66225

OFFICE USE ONLY

Rec: ____/____/____ Policy #: _____ Cert #: _____ Insured #: _____

Opt: _____ Premium: \$ _____ Eff/Exp: ____/____/____ to ____/____/____

Comments: _____

Opt Form: 2026 2011 2404 8016 8018 876 Delivery: M F E Date: ____/____/____

PAYMENT INFORMATION

Check: Please make check payable to Relation Insurance Services.

Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

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: _____