



Amateur Sports Tournaments and Events Supplemental Request Form

This supplemental is valid for effective dates from 3/1/22 through 2/28/23

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:

- Please provide all information on a per event basis
- You must submit this request form prior to the effective date of event
- 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 commercial general liability coverage/limits currently provided with your policy
- If you have multiple sports for a single coverage tournament or event, please contact us for proper classification
- Premiums are 100% fully earned and non-refundable upon inception of the tournament/event
- Coverage may be subject to review and approval of additional information (e.g.: copy of your brochure or flyer)
- Please contact us prior to completing if you have limits above \$2,000,000.
- Should you have Sexual Abuse Liability coverage in place with us, you will need to rate for this additional exposure with any increments you may add.

1. Event information:

Name of event: _____ Type of competition/sport(s): _____

Dates of event (include set-up and tear-down): _____ / _____ / _____ to _____ / _____ / _____

Hours of event (include set-up and tear-down): _____ A.M. / P.M. to _____ A.M. / P.M. _____

Event location(s): _____

Age group of athletes: _____ Total number of athletes: _____

Average daily spectator attendance: _____ Total spectator attendance: _____

2. Does your tournament/event include any of the following sports? Yes No

If yes, please check those that apply and answer question #1 as well, #2 if applicable.

Cheerleading (age 19 & under) Lacrosse (age 19 & under) Tackle & contact football (age 19 & under)

Deck/floor/street hockey Roller hockey (quad) Water hockey (age 19 & under)

Field hockey Soccer (age 19 & under) Wrestling (age 19 & under)

Flex Football™ (age 19 & under)

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

a. Immediately removing the athlete from play or practice Yes No

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

4. 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.

Should you carry limits or need limits above \$2,000,000, please contact our office prior to completing this form.

Sport Classification (refer to brochure)	\$1,000,000 CGL and \$25,000 MPP (per participant, per event)		\$2,000,000 CGL and \$25,000 MPP (per participant, per event)		\$1,000,000 CGL Only (per spectator, per event)	\$2,000,000 CGL Only (per spectator, per event)
	Option A	Option A w/Brain Injury Excluded	Option B	Option B w/Brain Injury Excluded	Option F	Option G
Class 1	\$ 1.64	N/A	\$ 2.08	N/A	.25	.38
Class 2	\$ 1.86	N/A	\$ 2.30	N/A	.25	.38
Class 3	\$ 2.17	N/A	\$ 2.61	N/A	.25	.38
Class 4	\$ 2.35*	\$ 2.17	\$ 2.79*	\$ 2.61	.25	.38
Class 5	N/A	N/A	N/A	N/A	.25	.38

* LIMITED COVERAGE FOR BRAIN INJURY TO SPECIFIED PLAYER - "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.

PREMIUM CALCULATION						
<input type="radio"/> Check here, if you are opting to exclude coverage for brain injury. Please make sure you are using the accurate rate below.						
Coverage Option	Sport Class	Rate (from above)	X	# of Participants or # of Spectators	=	Premium Due (per event)
		\$	X		=	\$

Sexual Abuse Liability (loss adjustment expense within limits) - optional coverage

\$1,000,000 aggregate / \$250,000 per occurrence limit

Check one

- I currently have Sexual Abuse Liability Coverage in place and need to add the additional participants/spectators reported above 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.

CGL Program Option Purchased (check/evaluate only one)	Rate	X	Total # of Participants or Spectators as indicated above	X	=	Premium
<input type="radio"/> Option A	\$.17	X	\$	X	=	\$ (e)
<input type="radio"/> Option B	\$.17	X	\$	X	=	\$ (e)
<input type="radio"/> Option F	\$.05	X	\$	X	=	\$ (e)
<input type="radio"/> Option G	\$.05	X	\$	X	=	\$ (e)
<input type="radio"/> Option _____	\$ _____	X	\$	X	=	\$ (e)

Program Premium	\$
Sexual Abuse 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.

CERTIFICATE # 1

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 attached a copy of the insurance requirements/instructions you've received.

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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CERTIFICATE # 2

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 attached a copy of the insurance requirements/instructions you've received.

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 an amount in dollars. Below the MICR line, three numbers are identified: 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: (____) _____