



Amateur Sports Tournaments and Events 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:
- 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 \$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.
 - **Class 4 Sports:** Tackle and contact football (age 19 & under), Cheerleading (age 19 & under), Lacrosse (age 19 & under), Soccer (age 19 & under), Wrestling (age 19 & under), Field hockey, Deck/floor/street hockey, Rollery hockey (quad), and Water hockey (age 19 & under)—the LLP limit will be limited to \$1,000,000 regardless of general liability occurrence limits purchased.

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: _____

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.

- | | | |
|---|---|--|
| <input type="radio"/> Cheerleading (age 19 & under) | <input type="radio"/> Lacrosse (age 19 & under) | <input type="radio"/> Tackle & contact football (age 19 & under) |
| <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) |

1. 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

2. 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.

PREMIUM CALCULATION

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	\$1.56	N/A	\$1.98	N/A	.24	.36
Class 2	\$1.77	N/A	\$2.19	N/A	.24	.36
Class 3	\$2.07	N/A	\$2.49	N/A	.24	.36
Class 4	\$2.24	\$2.07	\$2.68	\$2.49	.24	.36
Class 5	N/A	N/A	N/A	N/A	.24	.36

PREMIUM CALCULATION

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		=	\$

**OPTIONAL COVERAGE
PREMIUM CALCULATION**

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/parties 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.

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)

PAYMENT DUE

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

**Ascension Benefits & Insurance Solutions • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
E-mail = programs@ascensionins.com • Fax 1-913-327-0201 • www.ascensionins.com/programs**

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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: ____/____/____

Indicate the type of certificate that you are requesting: Additional insured OR Evidence of coverage

Certificate holder/entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to you: 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): _____

MAILING INSTRUCTIONS

Submit completed supplemental form, with payment, to us.

- E-mail programs@ascensionins.com
- Fax 1-913-327-0201
- Mail Ascension Benefits & Insurance Solutions
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 Ascension Benefits & Insurance Solutions. 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 Ascension Benefits & Insurance Solutions to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____