



Amateur Sports Adult Soccer Teams, Leagues & Associations Optional Coverages Supplemental Request Form

This supplement is valid for effective dates from 3/1/17 through 2/28/18

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: _____

PREMIUM CALCULATION

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 commercial general liability coverage option purchased for your team, league or association for Hosted Tournament and/or Premises Liability for Sports Fields Optional Coverages
 • Hosted Tournament coverage is only available if Option 1 or Option 2 is purchased
 • Premiums are 100% fully earned and non-refundable upon inception
 • All participants must sign a waiver

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: _____

Options	Hosted Tournament Rates/Premium Calculation per Tournament			
Option 1 \$1,000,000 CGL Limit \$1,000,000 PLL Limit \$10,000 Med Pay with \$1,000 corridor deductible	<input type="radio"/> \$ 4.37	X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	= \$ _____ (A) Hosted Tournament Premium (\$400.00 minimum premium applies)
Option 2 \$1,000,000 CGL Limit \$500,000 PLL Limit Med Pay Excluded	<input type="radio"/> \$ 2.33	X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	= \$ _____ (A) Hosted Tournament Premium (\$350.00 minimum premium applies)
Other _____	<input type="radio"/> \$ _____	X	$\frac{\text{_____}}{\text{\# of non-rostered participants}}$	= \$ _____ (A) Hosted Tournament Premium

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E-mail = programs@ascensionins.com • Fax 1-913-327-0201 • www.ascensionins.com/programs
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○ SEXUAL ABUSE OR SEXUAL MOLESTATION LIABILITY COVERAGE OR ABUSE, MOLESTATION OR HARASSMENT OR SEXUAL CONDUCT DEFENSE COST REIMBURSEMENT COVERAGE

Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? Yes No
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
- a. Are you aware of any occurrences that could lead to a claim? Yes No

If yes to 2. or 2.a., please explain: _____

3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
- a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
- b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member? Yes No
- c. Do the written procedures establish and require adherence to the “three person rule”? (“Three person rule” prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) Yes No

If no, do the procedures establish if and when exceptions to the “three person rule” are permissible as part of your operations/activities? Yes No

4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.
- Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

Please Complete All Questions	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers (Check Here if No Volunteers <input type="radio"/>)
The term “Volunteers” in the following questions means someone who exerts control over or supervises participants.		
Are written applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please explain any “No” responses to questions asked in #4: _____

Please check which option you are seeking.

<input type="radio"/> Option 1 – \$1,000,000 Sexual Abuse or Sexual Molestation Liability					
CGL Program Option Purchased (check/calculate only one)	Rate	X	Total # of Players/Participants	=	Premium
Option 1	\$ 1.23	X		=	\$ _____ (B) (\$150.00 minimum premium applies)
Option 2	\$ 1.18	X			
Option 3	\$.99	X			
Other: _____	\$	X			
<input type="radio"/> Option 2 – \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement					\$100.00 (B)

EQUIPMENT & CONTENTS

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below
(DO NOT include those values already shown above)

<u>Sports equipment</u> (such as balls, uniforms, pads, helmets, netting)	\$ _____
<u>Field maintenance equipment</u> (such as lawn mowers, grooming equipment)	\$ _____
<u>Concession stand equipment, excluding products</u> (such as popcorn, hot dog and soda machines)	\$ _____
<u>Portable storage units</u> (not permanent structures)	\$ _____
<u>Misc. equipment</u> - please describe _____	\$ _____

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place? Yes No
a. If yes, please describe: _____
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No
a. If yes, please describe: _____
4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment & Contents Premium	
<input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)	
$\$.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ Total Replacement Value	$\$ \underline{\hspace{2cm}} (C)$ Equipment & Contents Premium (\$100.00 minimum premium applies)
<hr/> <input type="radio"/> My total replacement value is over \$10,000 (A \$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)	
$\$.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ Total Replacement Value (\$100.00 minimum premium applies)	$\$ \underline{\hspace{2cm}} (C)$ Equipment & Contents Premium

PREMISES LIABILITY FOR SPORTS FIELDS 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

Options	Premises Liability for Sports Fields Rates/Premium Calculation					
Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$ 12.71	X	_____	=	\$ _____	(D) Premium = greater of two totals
	\$ 50.00	X	Acreage # of fields	=	\$ _____	
Other _____	<input type="radio"/> \$ _____	X	_____	=	\$ _____	(D) Premium = greater of two totals
	\$ _____	X	Acreage # of fields	=	\$ _____	

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 Loss Payee

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Lessor of leased equipment

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:

RE: 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: _____

TOTAL OPTIONAL COVERAGE PREMIUM	Hosted Tournament Premium:	\$	(A)
	Sexual Abuse/Sexual Molestation Premium: ○ \$100,000 Defense Reimbursement Only OR ○ \$1,000,000 Liability Limit	\$	(B)
	Equipment and Contents Premium	\$	(C)
	Premises Liability for Sports Fields Premium:	\$	(D)
	Total Premium Due (add all lines above)	\$	

**PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS.
COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A ROSTER. NO COVERAGE WILL BE
DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT AND ROSTER IS RECEIVED BY THE COMPANY
OR THEIR REPRESENTATIVE.**

MAILING INSTRUCTIONS	Submit completed supplemental form, with payment, to us.
	<ul style="list-style-type: none"> • E-mail programs@ascensionins.com • Fax 1-913-327-0201 • Mail Ascension Benefits and 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	<input type="radio"/> Check: Please make check payable to Ascension Benefits & Insurance Solutions. Enclosed is check # _____ for \$ _____
	<input type="radio"/> Credit Card: If you are making your payment by credit/debit card, please complete the following: <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> 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: _____