



# 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

**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**  
 Ascension Benefits & Insurance Solutions conducts business as Ascension Benefits and Insurance Solutions; in AK, AZ, CA, DC, HI, KY, LA, MA, MT, NE, NV, NH, OK, SC, SD and WV as Ascension Benefits & Insurance Solutions Sports and Recreation; or in ND as Ascension Benefits Brokerage & Insurance Solutions; or in NY as Ascension Benefits Brokerage & Insurance Solutions Sports & Recreation. CA #0334819, TX #1657333



**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@ascensionins.com
- Fax 1-913-327-0201
- Mail Regular: Ascension Benefits & Insurance Solutions  
P.O. Box 25936  
Overland Park, KS 66225
- Overnight: Ascension Benefits & Insurance Solutions  
9225 Indian Creek Parkway, Suite 700  
Overland Park, KS 66210

**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:** \_\_\_\_\_