



## Martial Arts Schools & Programs Hosted Tournament Supplemental Request Form

Hosted tournaments are those you organize and operate that include participants who are not active members of your organization or school. Hosted tournaments must be 7 days or less in duration.

### SECTION 1: GENERAL INFORMATION

Named Insured (as it should appear on the policy): \_\_\_\_\_

Policy number (as it should appear on the policy): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Website \_\_\_\_\_

### SECTION 2: EXPOSURE INFORMATION

**Note:**

- You must submit this request form prior to the effective date needed.
- Medical payments for participants coverage is not available with this coverage.
- Hosted tournament premiums are 100% fully earned and non-refundable once the tournament begins.

Premium is determined by applying the appropriate rate for the coverage option selected to your non-rostered participant count. Choose the same limit option selected for your school or organization. For multiple hosted tournaments, complete separate requests with the information provided below for each tournament. Please contact Summit America if you have over 500 non-rostered participants in your hosted tournament.

**Tournament #1:**

Event name: \_\_\_\_\_  
 Event dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Event hours: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.  
 Location: \_\_\_\_\_

Rates <small>(per number of non-rostered participants per tournament)</small>	Premium Per Tournament \$1,000,000 Option Rate		Premium Per Tournament \$2,000,000 Option Rate	
	Premium	FL Applicant Premium	Premium	FL Applicant Premium
1 – 50 participants	<input type="checkbox"/> \$185.37	<input type="checkbox"/> \$187.78	<input type="checkbox"/> \$278.06	<input type="checkbox"/> \$281.67
51 – 100 participants	<input type="checkbox"/> \$368.42	<input type="checkbox"/> \$373.21	<input type="checkbox"/> \$552.63	<input type="checkbox"/> \$559.81
101 – 500 participants	<input type="checkbox"/> \$553.79	<input type="checkbox"/> \$560.99	<input type="checkbox"/> \$830.69	<input type="checkbox"/> \$841.49

**Tournament #2:**

Event name: \_\_\_\_\_  
 Event dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Event hours: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.  
 Location: \_\_\_\_\_

Rates <small>(per number of non-rostered participants per tournament)</small>	Premium Per Tournament \$1,000,000 Option Rate		Premium Per Tournament \$2,000,000 Option Rate	
	Premium	FL Applicant Premium	Premium	FL Applicant Premium
1 – 50 participants	<input type="checkbox"/> \$185.37	<input type="checkbox"/> \$187.78	<input type="checkbox"/> \$278.06	<input type="checkbox"/> \$281.67
51 – 100 participants	<input type="checkbox"/> \$368.42	<input type="checkbox"/> \$373.21	<input type="checkbox"/> \$552.63	<input type="checkbox"/> \$559.81
101 – 500 participants	<input type="checkbox"/> \$553.79	<input type="checkbox"/> \$560.99	<input type="checkbox"/> \$830.69	<input type="checkbox"/> \$841.49

**SECTION 3: CERTIFICATE REQUEST**

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

Certificate Holder (Entity Name): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to insured:  Owner/Lessor of premises     Sponsor     Co-promoter     Other (Explain below)

Please explain or attach any special certificate language needed:

If applicable:  
RE:  
Date(s) of activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours of event/activity: \_\_\_\_\_ to \_\_\_\_\_  
Type of Event: \_\_\_\_\_ Name of Event: \_\_\_\_\_  
Location of Event: \_\_\_\_\_

**SECTION 4: PAYMENT INFORMATION**

**Check:** Please make check payable to Summit America Insurance Services, LC

Enclosed check # \_\_\_\_\_ for \$ \_\_\_\_\_

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

Visa       MasterCard     American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize Summit America Insurance Services, LC to charge my debit/credit card in the amount of \$ \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reference # \_\_\_\_\_ Name on Card \_\_\_\_\_  
(last 3 digits on back of card)

Signature: \_\_\_\_\_

**Note:** Credit cards are accepted for direct accounts only. If you are an agent or broker submitting this form on behalf of your client, you must submit net premium.

**SECTION 5: SUBMISSION INSTRUCTIONS**

Please fax, mail or e-mail the completed supplemental form along with payment to Summit America Insurance. Please note that this form is subject to underwriting review and approval. We will contact you if any further information is needed.

