



# Health and Fitness Certificate of Insurance Request Form

PLEASE COMPLETE A SEPARATE FORM FOR EACH REQUEST

Send certificate request to: K&K Insurance Group, Inc. • Attn: Health & Fitness RPG • P.O. Box 2338, Fort Wayne, IN 46801-2338 • Phone: 1-800-506-4856 • Fax: 1-260-459-5590 • Email: info@fitnessinsurance-kk.com

Policy number: \_\_\_\_\_  
Named insured: \_\_\_\_\_  
Contact name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**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.

**When is this certificate needed?** : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This certificate is for:  General Liability Coverage  Equipment & Contents/Inland Marine Coverage (if applicable)

What is the additional insured's relationship to you?

- Owner/manager/lessor of premises (facility or venue)  Sponsor  Co-promoter  Lessor of equipment/contents (liability)
- Loss payee (equipment/contents)  Other (please identify/explain): \_\_\_\_\_

NOTE: The certificate holder will automatically be an additional insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

Certificate holder/additional insured name: \_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the certificate holder/additional insured require any special wording or endorsements?  Yes  No

- If yes, check all that apply  CG2026  Primary  Waiver of subrogation  
 Other (please explain): \_\_\_\_\_

**NOTE: If you are not sure, please attached a copy of the insurance requirements/instructions you've received.**

**If applicable:**

For specific events: 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: \_\_\_\_\_

For Loss Payee: Type of equipment (please describe): \_\_\_\_\_  
Replacement cost value: \_\_\_\_\_

**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.**

**FOR K&K USE ONLY**

Rec: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cert#: \_\_\_\_\_ Insured#: \_\_\_\_\_ Opt Form: 2026 2011 8016 8018 876 2404  
Eff/Exp: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Delivery Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Comments: \_\_\_\_\_

**K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-648-6406 • Fax 1-260-459-5940  
www.kandkinsurance.com**

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