



Certificate Request Form

PLEASE COMPLETE A SEPARATE FORM FOR EACH REQUEST

Send certificate request to: **K&K Insurance Group, Inc.** Fax: 1-260-459-5995
Attn: Mass Merchandising Programs E-mail: kk_massmerchandising@kandkinsurance.com
P.O. Box 2338
Fort Wayne, IN 46801-2338

Policy number: _____
 Insured entity: _____
 Contact name: _____
 Phone: (_____) _____ Fax: (_____) _____

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 insured entity:

- Owner/lessor of premises Sponsor Co-promoter Mortgagee
 Franchisor Event organizer Lessor of equipment and contents
 Other (please identify/explain): _____

Need by date: ____/____/____

Special certificate language needed (please explain/attach): _____

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: _____

For Loss Payees:

Type of equipment (please describe): _____
 Limit: _____

Document delivery:

This certificate will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Please select only one option.

- E-mail to: _____ attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
 Fax to: _____ attn: _____
 Mail to: _____ attn: _____

FOR K&K USE ONLY

Rec: ____/____/____ Cert #: _____ Insured #: _____ Opt form: 2026 2011 2404 8016 8018 876
 Eff/Exp: ____/____/____ to ____/____/____ Delivery date: ____/____/____
 Comments: _____