



Policy Change/Certificate Request Form

Insuring the world's fun!

Please retain a copy of this form for your records.

Today's date: ____/____/____

Effective date of change: ____/____/____

GENERAL INFORMATION

Named insured (as it appears on your Member Certificate): _____

Policy number (as it appears on your Member Certificate): _____

Name of individual submitting request: _____ Title/Relationship: _____

Phone: (____) _____ Cell: (____) _____

Fax: (____) _____ E-mail: _____

By submission of this request form and the checking of this box, I acknowledge that I have the authority to make changes as requested below for the policy referenced.

Please indicate the type of change needed and complete the appropriate section.

Note: Some changes may result in an increase of premium due and will be effective the day after receipt or a later date.

- | | |
|---|--|
| <input type="checkbox"/> Cancel entire policy | <input type="checkbox"/> Named insured |
| <input type="checkbox"/> Date change or Event Cancellation | <input type="checkbox"/> New Website |
| <input type="checkbox"/> Certificate amendments and/or requests | <input type="checkbox"/> Phone, fax and/or e-mail |
| <input type="checkbox"/> Contact name | <input type="checkbox"/> Type of operation |
| <input type="checkbox"/> Facility location | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Limit of coverage | _____ |
| <input type="checkbox"/> Mailing address | _____ |

Cancel Entire Policy - complete all lines

(Coverage can not be cancelled prior to our receipt of this form)

Policy #(s): _____

Effective date of cancellation: ____/____/____ Time: ____ AM/PM

Reason for cancellation: _____

The undersigned agrees that no claims of any type will be made against the Insurance Company, its agents or its representatives, under the policies noted for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.

Signature of Named Insured: _____ Date: ____/____/____

Printed Signature name: _____

Date Change or Cancellation of Scheduled Event

(Request must be received prior to or on the day of event)

Effective date of cancellation/change: ____/____/____ Time: ____ AM/PM

Reason for cancellation/change: _____

Facility Location Change

Replace facility location Add new facility location

Address: _____

City: _____ State: _____ Zip: _____

New facility square footage: _____

Was there a change in the insured's annual sales? Yes No

If yes, please provide revised annual sales: \$ _____

Did membership change? Yes No

If yes, please provide revised membership number: _____

GENERAL REQUESTS

Limit of Coverage

Type of coverage: _____
Current limit: \$ _____
New limit requested: \$ _____
Reason for limit change (if contractual, please attach a copy of the contract with the limit requirement): _____

Named Insured, Contact Name, Mailing Address, E-mail, Phone, Fax or Website Change

Named insured: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Contact name: _____ E-mail: _____
Phone: (_____) _____ Fax: (_____) _____
Website: _____

Type of Operation

Please provide the type of change: _____

Other

Please explain/describe change: _____

Submit change request submission to us.

- E-mail: KK_MassMerchandising@kandkinsurance.com
- Fax: 1-260-459-5940
- Mail

Regular: K&K Insurance Group, Inc.
MM RPG Programs
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.
MM RPG Programs
1712 Magnavox WayFort Wayne, IN 46804
Fort Wayne, IN 46804

Note: If a certificate of insurance is needed for this change request, please proceed to page 3 and include this with the change request submission.

Provide separate requests for each additional certificate needed.

This is a Change/amendment to a certificate already issued (please attach a copy of the certificate)
 New certificate request

Need by date for certificate: _____ / _____ / _____

This certificate is for our:

Program coverage (commercial general liability) Equipment and contents coverage

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 Mortgagee
 Franchisor Lessor of equipment and contents Event organizer
 Other (please identify/explain): _____

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

Primary Waiver of subrogation Cancellation - _____ days

If applicable:

RE: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____

Hours of the event/activity: _____ A.M. / P.M. to _____ A.M. / P.M.

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____