



# RPG Policy Change/Certificate Request Form

- TO AVOID PROCESSING DELAYS, PLEASE:**
1. Complete all sections (print legibly)
  2. Remit completed request form to us

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 certificate of insurance): \_\_\_\_\_  
 Policy number (as it appears on your certificate of insurance): \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**GENERAL REQUESTS**

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="radio"/> Cancel coverage                        | <input type="radio"/> Limit of coverage        |
| <input type="radio"/> Cancel/change event date               | <input type="radio"/> Mailing address          |
| <input type="radio"/> Certificate amendments and/or requests | <input type="radio"/> Named insured            |
| <input type="radio"/> Contact name                           | <input type="radio"/> Phone, fax and/or e-mail |
| <input type="radio"/> Facility location                      | <input type="radio"/> Type of operation        |
| <input type="radio"/> Other (please explain): _____          |  |

**Cancel Coverage**

Effective date of cancellation: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Note: coverage can not be cancelled prior to our receipt of this form)  
 Reason for cancellation: \_\_\_\_\_

**Cancel/Change Event Date**

Effective date of cancellation/change: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Note: request must be received prior to or on the day of event)  
 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: \_\_\_\_\_

Do you currently have Sexual Abuse or Sexual Molestation Liability Coverage with us?     Yes     No

GENERAL REQUESTS CONTINUED

Limit of Coverage

Type of coverage: \_\_\_\_\_
Current limit: \$ \_\_\_\_\_
New limit requested: \$ \_\_\_\_\_
Do you currently have Sexual Abuse or Sexual Molestation Liability Coverage with us? Yes No

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

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

Type of Operation

Please provide the type of change: \_\_\_\_\_

Other

Please explain/describe change: \_\_\_\_\_

MAILING INSTRUCTIONS

Submit change request submission to us.

- E-mail: KK\_MassMerchandising@kandkinsurance.com Fax: 1-260-459-5995
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 Way, 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.

DOCUMENT DELIVERY

This coverage document 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. Additional certificate requests will be issued to the same person. 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: \_\_\_/\_\_\_/\_\_\_ Policy #: \_\_\_\_\_ Cert #: \_\_\_\_\_ Insured #: \_\_\_\_\_
Quote: \_\_\_/\_\_\_/\_\_\_ Bound: \_\_\_/\_\_\_/\_\_\_ Opt: \_\_\_\_\_ Premium: \$ \_\_\_\_\_
Eff/Exp: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Opt form: 2026 2011 2404 8016 8018 876
Delivery: M F E Date: \_\_\_/\_\_\_/\_\_\_ Comments: \_\_\_\_\_

**Complete this section to request a new certificate.**

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: \_\_\_\_\_