



Certificate Request Form

PLEASE COMPLETE A SEPARATE FORM FOR EACH REQUEST

Send certificate request to: **K&K Insurance Group, Inc.** Fax: 1-260-459-5940
Attn: Mass Merchandising Programs E-mail: kk_massmerchandising@kandkinsurance.com
P.O. Box 2338
Fort Wayne, IN 46801-2338

GENERAL INFORMATION

Named insured (as it appears on your certificate of insurance): _____
 Policy number (as it appears on your certificate of insurance): _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Contact name: _____ Phone: (_____) _____
 Cell: (_____) _____ Fax: (_____) _____
 E-mail: _____ Website: _____

CERTIFICATE REQUESTS

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.

1. When is this certificate needed? : ____ / ____ / ____
2. This certificate is for: General Liability Coverage Equipment & Contents/Inland Marine Coverage (if applicable)
 Other: _____
3. What is the additional insured's relationship to you?
 Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter Event Organizer
 Lessor of equipment/contents (liability) Loss Payee (equipment/contents) Franchisor
 Other (please identify/explain): _____

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

4. Certificate holder/additional insured name: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
5. 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 attach a copy of the insurance requirements/instructions you've received.

6. 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: _____
7. 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.

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)