



# 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: \_\_\_\_\_

Named Insured signature: \_\_\_\_\_

### 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.

- Cancel entire policy
- Date change or Event Cancellation
- Certificate amendments and/or requests
- Contact name
- Facility location
- Limit of coverage
- Mailing address
- Named insured
- New Website
- Phone, fax and/or e-mail
- Type of operation
- Other (please explain): \_\_\_\_\_

#### 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: \_\_\_\_\_