

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: _____