



Martial Arts Schools & Programs Supplemental Request Form

Please retain a copy of this form for your records.

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: _____

EXPOSURE INFORMATION

Check one:
 Adding additional participants to existing coverage Adding new coverage

Effective date needed: ____/____/____

Note:

- You must submit this request form prior to the effective date needed.
- Coverage will be made effective the day after this request form and payment are received, or on a later date that you may specify.
- All participants are required to be reported. TBD numbers cannot be accepted.

Should you carry limits of \$3,000,000 or above, please contact K&K for a quote.

	Type of Activity/Programs/Classes	Number of Participants	X	\$1 Mil Rate	\$2 Mil Rate	=	Premium
<input type="radio"/>	Martial Arts Please describe: _____		X	\$17.50	\$22.85	=	\$
<input type="radio"/>	Basketball and/or Volleyball		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Exercise and/or Yoga		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Exhibitions, Seminars or Demonstrations		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Other (please describe) _____ Note: This is subject to approval by K&K		X	\$13.25	\$17.78	=	\$
<input type="radio"/>	Birthday/Social Parties	Number of parties	X	\$16.50	\$22.00	=	\$
Premium Due (add all lines above)							\$
Florida Applicants - Premium Due (premium due x 1.013)							\$

CERTIFICATE REQUESTS

Complete this section to request a certificate. Provide separate requests for each additional certificate needed.

Date needed by: ____/____/____

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Other: _____

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

If applicable:

RE: 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: _____

MAILING INSTRUCTIONS

Submit completed supplemental form, with payment, to K&K.

- E-mail info@martialartsinsurance-kk.com
- Fax 1-260-459-5940
- Mail

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

Overnight: K&K Insurance Group, Inc.
Martial Arts RPG
1712 Magnavox Way
Fort Wayne, IN 46804

K&K USE ONLY

Rec: ____/____/____ Policy #: _____ Cert #: _____ Insured #: _____

Opt: _____ Premium: \$ _____ Eff/Exp: ____/____/____ to ____/____/____

Comments: _____

Opt Form: 2026 2011 2404 8016 8018 876 Delivery: M F E Date: ____/____/____

PAYMENT INFORMATION

**100% of the premium is due upon receipt of this supplemental.
Payment plans are not available with supplemental requests.**

Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature _____