



RPG Policy Change/Certificate Request Form

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Remit completed request form to K&K

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	<p>Please indicate the type of change needed and complete the appropriate section.</p> <p>Note: Some changes may result in an increase of premium due and will be effective the day after receipt or a later date.</p> <table> <tr> <td><input type="radio"/> Cancel coverage</td> <td><input type="radio"/> Limit of coverage</td> </tr> <tr> <td><input type="radio"/> Cancel/change event date</td> <td><input type="radio"/> Mailing address</td> </tr> <tr> <td><input type="radio"/> Certificate amendments and/or requests</td> <td><input type="radio"/> Named insured</td> </tr> <tr> <td><input type="radio"/> Contact name</td> <td><input type="radio"/> Phone, fax and/or e-mail</td> </tr> <tr> <td><input type="radio"/> Facility location</td> <td><input type="radio"/> Type of operation</td> </tr> <tr> <td colspan="2"><input type="radio"/> Other (please explain): _____</td> </tr> </table>	<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): _____				
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<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																
<table> <tr> <td><input type="radio"/> Replace facility location</td> <td><input type="radio"/> Add new facility location</td> </tr> <tr> <td colspan="2">Address: _____</td> </tr> <tr> <td>City: _____</td> <td>State: _____ Zip: _____</td> </tr> <tr> <td colspan="2">New facility square footage: _____</td> </tr> <tr> <td>Was there a change in the insured's annual sales?</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="2">If yes, please provide revised annual sales: \$ _____</td> </tr> <tr> <td>Did membership change?</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="2">If yes, please provide revised membership number: _____</td> </tr> </table>	<input type="radio"/> Replace facility location	<input type="radio"/> Add new facility location	Address: _____		City: _____	State: _____ Zip: _____	New facility square footage: _____		Was there a change in the insured's annual sales?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please provide revised annual sales: \$ _____		Did membership change?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please provide revised membership number: _____	
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GENERAL REQUESTS CONTINUED

Limit of Coverage

Type of coverage: _____
Current limit: \$ _____
New limit requested: \$ _____

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 K&K.

- E-mail: KK_MassMerchandising@kandkinsurance.com • Fax: 1-260-459-5995 • Mail

Regular: K&K Insurance Group, Inc.
MM RPG Programs
1712 Magnavox Way, Fort Wayne, IN 46804

Overnight: K&K Insurance Group, Inc.
MM RPG Programs
P.O. Box 2338, Fort Wayne, IN 46801-2338

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: _____

CERTIFICATE REQUEST

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: _____

PAYMENT INFORMATION

100% of the premium is due upon receipt of this supplemental.

- 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: _____