



# Amateur Sports Certificate of Insurance Request Form

PLEASE COMPLETE A SEPARATE FORM FOR EACH REQUEST

Send certificate request to: **K&K Insurance Group, Inc.**  
**Attn: Amateur Sports RPG Program**  
**P.O. Box 2338**  
**Fort Wayne, IN 46801-2338**

**Phone: 1-800-426-2889**  
**Fax: 1-260-459-5105**  
**E-mail: info@sportsinsurance-kk.com**

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  Sports Governing Body  
 Lessor of equipment/contents (liability)  Loss Payee (equipment/contents)  
 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.**

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**Website [www.kandkinsurance.com](http://www.kandkinsurance.com)**

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