



Events Certificate of Insurance Request Form

PLEASE COMPLETE A SEPARATE FORM FOR EACH REQUEST

Send certificate request to: K&K Insurance Group, Inc. • Attn: Events RPG • P.O. Box 2338, Fort Wayne, IN 46801-2338 • Phone: 1-800-328-2317 • Fax: 1-260-459-5502 • Email: info@eventinsurance-kk.com

Policy number (as it appears on your Member Certificate): _____

Named insured (as it appears on your Member Certificate): _____

Title/Relationship: _____

Phone: (_____) _____ Cell: (_____) _____

Email: _____

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.

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

When is this certificate needed?: _____ / _____ / _____

This certificate is for: ☐ General liability coverage ☐ Equipment and contents/Inland marine coverage (if applicable)

What is the additional insured's relationship to you?

- ☐ Owner/manager/lessor of premises (facility or venue) ☐ Sponsor ☐ Co-promoter ☐ 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.

Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Does the certificate holder/additional insured require any special wording or endorsements? ☐ Yes ☐ No

- If yes, check all that apply ☐ CG2026 ☐ Primary/noncontributory ☐ Waiver of subrogation ☐ Cancellation - _____ days
☐ Other (please explain): _____

NOTE: If you are not sure, please attached a copy of the insurance requirements/instructions you've received.

If applicable:

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: _____

For Loss Payee: Type of equipment (please describe): _____

Replacement cost value: _____

The most common delay in certificate processing is caused by providing incomplete and inaccurate names and/or instructions. Please check your request carefully before submitting.

**K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-328-2317 • Fax 1-260-459-5502
www.kandkinsurance.com**

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819). K&K is acting as a Managing General Agent as that term is defined in section 626.015(14) of the Florida Insurance Code. As an MGA we are acting on behalf of our carrier partner.