



Certificate Request Form

PLEASE COMPLETE A SEPARATE FORM FOR EACH REQUEST

Send certificate request to: **K&K Insurance Group, Inc.**
Attn: Mass Merchandising Programs
P.O. Box 2338
Fort Wayne, IN 46801-2338

Fax: 1-260-459-5940
E-mail: kk_massmerchandising@kandkinsurance.com

GENERAL INFORMATION

Named insured (as it appears on your Member Certificate): _____
Policy number (as it appears on your Member Certificate): _____
Name of individual submitting request: _____
Title/Relationship: _____
Phone: (____) _____ Cell: (____) _____
E-mail: _____

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 ☐ Event Organizer
☐ Lessor of equipment/contents (liability) ☐ Loss Payee (equipment/contents) ☐ Franchisor
☐ 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/Noncontributory ☐ Waiver of subrogation ☐ Cancellation - ____ days
☐ 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 incomplete or 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
Website 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.