



# Certificate Request Form

## PLEASE COMPLETE A SEPARATE FORM FOR EACH REQUEST

Send certificate request to: **K&K Insurance Group, Inc.** Fax: 1-260-459-5940  
**Attn: Mass Merchandising Programs** E-mail: [kk\\_massmerchandising@kandkinsurance.com](mailto:kk_massmerchandising@kandkinsurance.com)  
**P.O. Box 2338**  
**Fort Wayne, IN 46801-2338**

Insured entity: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

Need by date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Certificate holder information:

Entity name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship to insured entity:

- Owner/lessor of premises       Sponsor       Co-promoter       Mortgagee  
 Franchisor       Event organizer       Lessor of equipment and contents  
 Other (please identify/explain): \_\_\_\_\_

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): \_\_\_\_\_

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: \_\_\_\_\_

For Loss Payees:

Type of equipment (please describe): \_\_\_\_\_

Limit: \_\_\_\_\_

### Document delivery:

This certificate 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. Please select only one option.

E-mail to: \_\_\_\_\_ attn: \_\_\_\_\_

Fax to: \_\_\_\_\_ attn: \_\_\_\_\_

Mail to: \_\_\_\_\_ attn: \_\_\_\_\_

\_\_\_\_\_

<b>FOR K&amp;K USE ONLY</b> Rec: ____/____/____ <input type="radio"/> GL <input type="radio"/> IM Policy number: _____ Cert #: _____ Insured #: _____ Opt form: 2026 2011 2404 8016 8018 876 Cert/AI: _____ Eff/Exp: ____/____/____ to ____/____/____ Delivery date: ____/____/____ Comments: _____
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