Facility Certificate of Insurance Request Form

PLEASE COMPLETE A SEPARATE FORM FOR EACH REQUEST

Send certificate request to: K&K Insurance Group, Inc. • Attn: Facility RPG • P.O. Box 2338, Fort Wayne, IN 46801-2338
Phone: 1-800-648-6406 • Fax: 1-260-459-5940 • Email: KK_MassMerchandising@kandkinsurance.com

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: _____

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.

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

2. This certificate is for: ❍ General liability coverage ❍ Equipment and contents/inland marine coverage (if applicable)

3. 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): _____
❍ Lender's loss payee (equipment/contents)

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:_____

5. Mailing address: _____
City: _____ State: _____ Zip:_____

6. 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:

7. 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:_____

8. For loss payee/lender's 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.

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