



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 Member Certificate): _____
Policy number (as it appears on your Member Certificate): _____
Mailing address: _____
NY Applicants must provide a street address. PO Boxes cannot be accepted.
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

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