

# INSURANCE CERTIFICATE REQUEST

## FOR FEDERATION, AFFILIATED CHAPTERS, CLUBS, FEDERATIONS, TOURNAMENTS CIRCUITS & EVENTS

**Fax the request** Nicki Lehrman 260-459-5120 **or e-mail it to**

[nicki.lehrman@kandkinsurance.com](mailto:nicki.lehrman@kandkinsurance.com) **It may also be** mailed to K&K Insurance Group,  
Attn: Nicki Lehrman, 1712 Magnavox Way, Fort Wayne, IN 46801-2338.

If you have any questions, please contact K&K at (800) 441-3994. Please Print or Type.

**CLUB INFORMATION:** Club Number \_\_\_\_\_

Name of State Federation/Affiliated Club/Federation Junior Club: \_\_\_\_\_

Club Representative & Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

FAX #: \_\_\_\_\_ Date of Certificate Request: \_\_\_\_\_

**EVENT INFORMATION:**

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Hours of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

**Is there a request for a Certificate of Insurance?**

If yes, is the request for Proof of Insurance only or for an Additional Insured? Please circle one.

**PROOF OF INSURANCE**

**ADDITIONAL INSURED**

Name of Entity to be added as it should appear on the policy:

\_\_\_\_\_

Address: \_\_\_\_\_

Relationship (**Mandatory**): Sponsor \_\_\_\_\_ Owner/Lessor of Premises \_\_\_\_\_

Other (Please explain): \_\_\_\_\_

**Is there another request for a Certificate of Insurance?**

If yes, is the request for Proof of Insurance only or for an Additional Insured? Please circle one.

**PROOF OF INSURANCE**

**ADDITIONAL INSURED**

Name of Entity as it should appear on the policy:

\_\_\_\_\_

Address: \_\_\_\_\_

Relationship (**Mandatory**): Sponsor \_\_\_\_\_ Owner/Lessor of Premises \_\_\_\_\_

Other (Please explain): \_\_\_\_\_

\*\*\* Allow 7 business days for processing.

Request may be e-mailed, faxed or mailed to the attention of Nicki Lehrman

(nicki\_lehrman@kandkinsurance.com)

or fax 260-459-5120 at K&K Insurance Group.

OR Mailed Attn: Nicki Lehrman, 1712 Magnavox Way, Fort Wayne, IN 46801-2338

Certificates will be e-mailed, faxed or mailed to you for distribution to any requested certificate holders or additional insured's.

If special wording is required by a governmental entity or landlord, please also remit a copy of the permit or agreement. If there are any written agreements regarding your event, please remit to ensure your certificate is processed correctly and promptly.\*\*\*