SPORTS & FITNESS
INSURANCE CORPORATION

CHANGE REQUEST OR ADDING AN ADDITIONAL INSURED FORM

CERTIFICATE REQUEST

Submit this completed form by:

1. Fax to 601.707.1019
2. Email to ktucker@sportsfitness.com
3. Mail to PO Box 1967, Madison, MS 39110

Date of Request: ______________________________

Insured's Name: ______________________________

Phone Number: ______________________________

Policy Number (must be included): ______________________________

Additional Insured Name and Address: ______________________________

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Other Changes: ______________________________

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$30.00 for each additional insured

CREDIT CARD INFORMATION

NOTE: By selecting to pay with a credit card, a convenience fee of 2% will be added to your invoice except in Connecticut and Massachusetts.

☐ Mastercard ☐ Visa ☐ Discover ☐ Check (Mail In)

Number: ______________________ Security Code: __________ Expiration Date: __________

Please include how you would like this returned to you.

Email: ______________________________

Fax: ______________________________

Mail: ☐ Yes ☐ No

______________________________ ______________

Signature of Applicant **Date**