

**KCAMP CERTIFICATE REQUEST FORM**

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|--|--|
| DATE:  |  |
| REQUESTED BY:  |  |
| TELEPHONE NUMBER:  |  |
| FAX NUMBER or:   |  |
| EMAIL:   |  |
| COUNTY NAME:   |  |
| TYPE OF EVENT (if applicable)  |  |
| DATE OF EVENT (if applicable)  |  |
| REASON OF REQUEST  |  |
| <b>CERTIFICATE HOLDER INFORMATION</b>  |  |
| COMPANY NAME   |  |
| SEND TO ATTENTION:   |  |
| STREET ADDRESS:  |  |
| SUITE NUMBER:  |  |
| CITY/STATE/ZIP:  |  |
| TELEPHONE NUMBER:  |  |
| FAX NUMBER:  |  |
| RELATIONSHIP TO COUNTY   |  |
| ADDITIONAL INSURED(S):   |  |
| IF THE CERTIFICATE IS TO SHOW PROOF OF INSURANCE FOR EQUIPMENT PROVIDE THE FOLLOWING INFORMATION |  |
| Make - Model of Equipment  |  |
| Serial #   |  |
| Value of Equipment   |  |
| SPECIAL HANDLING INSTRUCTIONS:   |  |