



P.O. Box 1967
Madison, MS 39130-1937
Phone: 601-898-8464
Toll Free: 800-844-0536 x2338
Fax: 601-707-1020
www.sportsfitness.com

Change request or adding an additional insured form

Certificate Request

Submit this completed form by:

1. Fax to 601-707-1020
2. Email to Olivia@sportsfitness.com
3. Mail to P.O. Box 1967, Madison, MS 39110

Date of Request: _____

Insured's Name: _____

Your phone number: _____

Policy Number (must be included): _____

Additional Insured name and address:

Other Changes: _____

\$25.00 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 California, Colorado, Connecticut, Florida, Kansas, Maine, Massachusetts, New York, Oklahoma, and Texas.

Please circle: Mastercard Visa Discover Check(Mail In)

Number: _____ Security Code: _____ Expiration Date: _____

Please include how you would like this returned to you.

Email Address: _____

Fax: _____

Mail: Yes _____ No _____

Signature

Date