



KIWANIS CERTIFICATES OF INSURANCE

A current Certificate Packet is enclosed. *Make copies* as needed so you have Certificates on hand for future events.

On page 2, the "Certificate of Insurance Procedures" will show you how to properly complete a Certificate. It is also necessary to complete the "Procedures" page showing a contact name and phone number for your club, as well as the event information. All Certificates should include the name/address of your Kiwanis Club, the date of issuance, and the *complete* name/address of the certificate Holder.

Important: "Description of Operations..." is blank and can only be altered as shown in 1.D of the "Certificate of Insurance Procedures". The insurance company has prohibited the use of Additional Insured wording by any person or entity other than our agency. **If the Certificate Holder is requesting special wording, such as "Additional Insured", your club must email a completed "Additional Insured Request Form" to our office as only our office can issue the document. Any Certificate of Insurance altered without permission is immediately NULL AND VOID!**

Lastly, please note that certificate does reference a Self-Insured Retention. Note that this retention is 100% paid by Kiwanis International Headquarters. Please do not hesitate to contact our office if you have any questions.

Thank you,

Nathan Peterman
Vice President, Client Executive

Lisa Christenson
Vice President Client Services

kiwaniscert@hylant.com
800-678-0361



Procedures for Issuing Commercial General Liability Certificates of Insurance for Kiwanis Clubs and Members

1. Please complete your Certificates of Insurance as follows:
 - A) Enter date Certificate is being issued (today's date) in the box marked "DATE (MM/DD/YYYY)" in the upper right hand corner.
 - B) Enter the Kiwanis Club name, contact person, and complete mailing address in the box marked "Insured" in the upper left of form.
 - C) Enter the name of the certificate holder, contact (if any), and complete mailing address as required by your insurance carrier in the box marked "CERTIFICATE HOLDER" on the bottom left of the form. "Certificate Holder" is the organization, firm, or person who is requiring proof of insurance from your club.
 - D) In box marked "DESCRIPTION OF OPERATIONS..." above the "CERTIFICATE HOLDER" box, please enter the type of event, the date(s) of the event, and the location where the event is being held. *Any Certificate of Insurance which is altered beyond this will be considered NULL AND VOID!*
2. Complete and make two copies of the Certificate.
3. Send the original Certificate to the "Certificate Holder" – the party requesting proof of insurance.
4. Send a copy of the Certificate along with a completed copy of this page to either:

HYLANT
10401 N. Meridian Street
Suite 200
Indianapolis, IN 46290

OR

kiwaniscert@hylant.com

PLEASE NOTE: The attached Certificate forms cannot be modified or altered in any way without the express permission of Hylant and the Insurance Company. If you have a Certificate which requires alterations (such as Additional Insured wording) please complete and submit the form on page four.

Club Name and Address: _____

Contact Name, Phone Number, and Email Address: _____

Date(s) and Location: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Date Issued

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hylant - Indianapolis 10401 North Meridian St, Ste 200 Indianapolis IN 46290	CONTACT NAME: Lisa Christenson PHONE (A/C, No, Ext): 317-817-5172 E-MAIL ADDRESS: kiwaniscert@hylant.com	FAX (A/C, No): 317-817-5151
	INSURER(S) AFFORDING COVERAGE	
INSURED KIWAN03 Kiwanis International, All Clubs and Their Members 3636 Woodview Trace Indianapolis IN 46268 Club Name Club Address	INSURER A: Lexington Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 19437

COVERAGES

CERTIFICATE NUMBER: 1688112255

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			013136005	11/1/2017	11/1/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Liquor Liability \$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			013136005	11/1/2017	11/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Self-Insured Retention			013136005	11/1/2017	11/1/2018	All Claims \$75,000

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Date , Event, Location of Event

CERTIFICATE HOLDER

CANCELLATION

Certificate Holder (Entity requesting certificate)
Address of Holder

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Judy K. Wilson



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	INSURER(S) AFFORDING COVERAGE	
INSURED KIWAN03 Kiwanis International, All Clubs and Their Members 3636 Woodview Trace Indianapolis IN 46268	INSURER A: Lexington Insurance Company	19437
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			013136005	11/1/2017	11/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Self-Insured Retention			013136005	11/1/2017	11/1/2018	All Claims \$75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Judy K. Wilson

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**CERTIFICATE OF INSURANCE WITH ADDITIONAL INSURED WORDING
REQUEST FORM- REQUIRED PRIOR TO ISSUANCE**

PLEASE ALLOW 24-48 HOURS FOR PROCESSING

Kiwanis Club Information

Name of Club:

Contact Name:

Club/Contact Address:

City:

State:

Zip code:

Contact Phone:

Contact Fax:

Contact E-mail:

First Additional Insured

Additional Insured Name:

Additional Insured Address:

City:

State:

Zip code:

Attention:

Fax:

Additional Insured E-mail:

Second Additional Insured

Additional Insured Name:

Additional Insured Address:

City:

State:

Zip code:

Attention:

Fax:

Additional Insured E-mail:

Kiwanis Event Information (Please provide Kiwanis' role in event):

Event Dates:

Event Location:

Description of Event:

Special Instructions/requests:

Please Fax: 317-817-5151, E-mail: kiwaniscert@hylant.com or mail to Hylant at:

Hylant-Kiwanis Certificates, 10401 N. Meridian St., Suite 200, Indianapolis, IN 46290