



## 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](mailto: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](mailto: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:**

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**Contact Name, Phone Number, and Email Address:**

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**Event, Date(s) and Location:**

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# CERTIFICATE OF LIABILITY INSURANCE

ISSUE DATE YYYY/MM/DD

**BROKER**



**HUB International HKMB Limited**  
 595 Bay Street, Ste 900  
 Toronto, ON M5G 2E3  
 PHONE: 416-597-0008 FAX: 416-597-2313

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Company A	AIG Insurance Company of Canada
Company B	
Company C	
Company D	
Company E	

**INSURED'S FULL NAME AND MAILING ADDRESS**

Kiwanis International  
 51 Morton Bay  
 Winnipeg, MB R3R 2C5

Kiwanis Club Information  
 (Optional)

**COVERAGES**

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 requirements, terms or conditions 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 terms, exclusions and conditions of such policies.

**LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS**

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)					
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE <input checked="" type="checkbox"/> HIRED AUTOMOBILE	A	20418385	2019/11/01	2020/11/01	EACH OCCURRENCE	\$ 2,000,000				
					GENERAL AGGREGATE	\$ 2,000,000				
					PRODUCTS - COMP/OP AGGREGATE	\$ 2,000,000				
					PERSONAL INJURY	\$ 2,000,000				
					EMPLOYER'S LIABILITY	\$				
					TENANT'S LEGAL LIABILITY	\$ 500,000				
					NON-OWNED AUTOMOBILE	\$ 2,000,000				
					HIRED AUTOMOBILE	\$ 2,000,000				
					<b>SAMPLE ONLY</b>					
					<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>					BODILY INJURY PROPERTY DAMAGE COMBINED
BODILY INJURY (Per person)	\$									
BODILY INJURY (Per accident)	\$									
PROPERTY DAMAGE	\$									
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCCURRENCE	\$				
					AGGREGATE	\$				
<b>OTHER (SPECIFY)</b> Self Insured Retention	A	20418385	2019/11/01	2020/11/01	All Claims	\$ 75,000				
					Aggregate	\$ 1,000,000				
						\$				
						\$				
						\$				

**DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)

Description of operations/event information:  
 EXAMPLE: dates, location, Kiwanis involvement, etc.

**CERTIFICATE HOLDER**

Certificate Holder  
 (entity requesting certificate)  
 Address of Holder

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVE

Per: \_\_\_\_\_

# CERTIFICATE OF LIABILITY INSURANCE

**BROKER**


**HUB International HKMB Limited**  
 595 Bay Street, Ste 900  
 Toronto, ON M5G 2E3  
 PHONE: 416-597-0008 FAX: 416-597-2313

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Company A	AIG Insurance Company of Canada
Company B	
Company C	
Company D	
Company E	

**INSURED'S FULL NAME AND MAILING ADDRESS**

Kiwanis International  
 51 Morton Bay  
 Winnipeg, MB R3R 2C5  
 Canada

**COVERAGES**

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 requirements, terms or conditions 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 terms, exclusions and conditions of such policies.

**LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS**

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE <input checked="" type="checkbox"/> HIRED AUTOMOBILE	A	20418385	2019/11/01	2020/11/01	EACH OCCURRENCE	\$ 2,000,000	
					GENERAL AGGREGATE	\$ 2,000,000	
					PRODUCTS - COMP/OP AGGREGATE	\$ 2,000,000	
					PERSONAL INJURY	\$ 2,000,000	
					EMPLOYER'S LIABILITY	\$	
					TENANT'S LEGAL LIABILITY	\$ 500,000	
					NON-OWNED AUTOMOBILE	\$ 2,000,000	
					HIRED AUTOMOBILE	\$ 2,000,000	
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				BODILY INJURY PROPERTY DAMAGE COMBINED	\$		
				BODILY INJURY (Per person)	\$		
				BODILY INJURY (Per accident)	\$		
				PROPERTY DAMAGE	\$		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCCURRENCE	\$	
					AGGREGATE	\$	
<b>OTHER (SPECIFY)</b> Self Insured Retention	A	20418385	2019/11/01	2020/11/01	All Claims	\$ 75,000	
					Aggregate	\$ 1,000,000	
						\$	
						\$	
						\$	

**DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)

**CERTIFICATE HOLDER**
**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVE

Per:

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<b>CERTIFICATE OF INSURANCE WITH ADDITIONAL INSURED WORDING REQUEST</b> <b>FORM-REQUIRED PRIOR TO ISSUANCE</b>			
PLEASE ALLOW <b>24-48 HOURS</b> FOR PROCESSING			
<b>Kiwanis Club Information</b>			
Name of Club:			
Contact Name:			
Club/Contact Address:			
City:	State:	Zip code:	
Contact Phone:	Contact Fax:		
Contact E-mail:			
Send copy of certificate via:	Fax	E-Mail	Mail
<b>First Additional Insured</b>			
Additional Insured Name:			
Additional Insured's Interest (property owner, etc.):			
Additional Insured Address:			
City:	State:	Zip code:	
Attention:	Fax:		
Additional Insured E-mail:			
Send copy of certificate via:	Fax	E-Mail	Mail
<b>Second Additional Insured</b>			
Additional Insured Name:			
Additional Insured's Interest (property owner, etc.):			
Additional Insured Address:			
City:	State:	Zip code:	
Attention:	Fax:		
Additional Insured E-mail:			
Send copy of certificate via:	Fax	E-Mail	Mail
<b>Kiwanis Event Information (Please provide Kiwanis' role in event):</b>			
Event Dates:			
Event Location:			
Description of Event:			
Special Instructions/requests:			
Please Fax: 317-817-5151, E-mail: <a href="mailto:kiwaniscert@hylant.com">kiwaniscert@hylant.com</a> or mail to Hylant at:			
Hylant-Kiwanis Certificates, 10401 N. Meridian St., Suite 200, Indianapolis, IN 46290			

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