

COMMERCIAL GENERAL LIABILITY INSURANCE

for Kiwanis International and its member clubs, divisions and districts

In order for our present insurance to apply to club events that involve the use of contractors, promoters or other service providers who conduct activities or events on our behalf, the local sponsoring Kiwanis club **must first obtain a certificate of insurance from the contractor, promoter or service provider, hereafter known as “vendor.”**

This procedure applies any time a service is provided to Kiwanis by someone or an organization that normally would derive income from such a service as part of their normal business. Examples of events subject to this procedure include, but are not limited to:

- Carnivals
- Circuses
- Concerts
- Air shows
- Rodeos
- Talent shows

Note that the vendor’s certificate of insurance must be secured prior to the club event.

Complete part 1 - Vendor Certificate of Insurance for General Liability request form and part 2 – Endorsement General Liability form. Instructions for both forms follow.

Part 1 - Instructions for request form

This form is to be completed by a representative of the Kiwanis club, district or foundation sponsoring the Kiwanis event. Provide the completed form to the vendor/service provider to send to their insurance agent or insurance company for fulfillment prior to the club event. Information required to complete the certificate of insurance request form is below.

Vendor information

Enter the name of the vendor/service provider, contact person, complete mailing address, contact fax number, and contact email address.

First additional insured: Kiwanis International
Do not change or amend.

Second additional insured: Club Information

To be completed by a representative of the Kiwanis club, district, or foundation sponsoring the Kiwanis event.

Kiwanis event/continuous service

- To be completed by a representative of the Kiwanis club, district or foundation sponsoring the Kiwanis event.
- The information necessary to complete the section is:
 - Name of the event or continuous service description.
 - Date of the event (include set up/tear down).
 - Event location.
 - Special instructions (if any).

This certificate from the vendor should evidence commercial general liability insurance with:

- Kiwanis International and the local Kiwanis club(s) named as additional insureds.
- Limits of not less than US\$1 million combined single limit, bodily injury and property damage.
- Statutory worker’s compensation coverage on the contractor’s/promoter’s/service provider’s employees.

COMMERCIAL GENERAL LIABILITY INSURANCE

for Kiwanis International and its member clubs, divisions and districts

Page 2

Upon receipt of the certificate of insurance fulfilling the requirements noted above, the club must provide a copy of all such certificates to be maintained on permanent file in case a claim arises and the insurance company requests proof that the proper procedures were followed.

Send copies of issued certificates to:

Kiwanis International Office
Attn: Risk Services Department
3636 Woodview Trace
Indianapolis, IN 46268-3196

Or by email: riskmgmt@kiwanis.org

Part 2 - Endorsement

Commercial general liability form CG 20 26 07 04

Instructions for form:

Name and address to be completed by a representative of the Kiwanis club, district, foundation, etc. sponsoring the Kiwanis event.

Provide completed form to vendor/service provider to send to their insurance agent or insurance company for their file retention.

Vendor Certificate of Insurance request form

Request for CERTIFICATE OF INSURANCE for GENERAL LIABILITY with

- Kiwanis International and the local Kiwanis club(s) **named as additional insureds**
- Limits of not less than US\$1 million combined single limit, bodily injury and property damage
- Statutory worker's compensation coverage on the contractor's/promoter's/service provider's employees

COMPLETED CERTIFICATE REQUIRED PRIOR TO VENDOR PROVIDING SERVICE.

PLEASE STRIVE TO COMPLETE EVERY REQUEST IN ONE BUSINESS DAY.

1. Vendor information

Name of vendor:

Contact name:

Contact address:

City:

State:

Zip/postal code:

Contact phone:

Contact fax:

Contact email:

2. First additional insured – Kiwanis International

Additional insured: **Kiwanis International**

Address: **3636 Woodview Trace**

City: **Indianapolis**

State: **Indiana**

Zip: **46268**

Attn: **Risk Services Department**

Fax: +1-317-879-0204

Send completed certificate via email to riskmgmt@kiwanis.org

3. Second additional insured - club information

Additional insured (club/district/foundation) name:

Address:

City:

State/province:

Zip/postal code:

Attn:

Fax:

Contact email:

Send copy of completed certificate via:

Email

Fax

Mail

4. Kiwanis event/continuous service information

Name of event or continuous service description:

Event dates (include set up/tear down dates):

Event location:

Special instructions:

Submit to Kiwanis International by Email, fax or mail:

3636 Woodview Trace
Indianapolis, IN 46268 USA

Email: riskmgmt@kiwanis.org

Fax: +1-317-879-0204

POLICY NUMBER: _____

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART 2

SCHEDULE

Name of additional insured person(s) or organization(s)
<p>Kiwanis International 3636 Woodview Trace Indianapolis, Indiana 46268 USA</p> <p>and</p> <p>_____</p> <p><i>Name of local Kiwanis club</i></p> <p>_____</p> <p><i>Address of local Kiwanis club</i></p> <p>_____</p> <p><i>City, state/province, zip/postal code of local Kiwanis club</i></p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who is an Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury,” “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

CG 20 26 07 04

©ISO Properties, Inc. 2004