CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY

CERTIFICATE OF INSURANCE REQUEST WITH ADDITIONAL INSURED WORDING

FORM REQUIRED PRIOR TO ISSUANCE.

Kiwanis Club information						
Name of club:						
Contact name:						
Club or contact address:						
City:				State:		Zip:
Contact phone:				Contact fax:		
Contact email:						
Send copy of certificate via:	Email	☐ Fa	K	Mail		
First Additional Insured						
Additional insured name:						
Interest of party requesting A.I.	status (property ow	ner, etc.):				
Additional insured address:						
City:			State:	State:		
Attn:			Fax:			
Email:						
Send copy of certificate via:	Email	☐ Fax	(Mail		
Second Additional Insured						
Additional insured name:						
Interest of party requesting A.I. s	status (property ow	ner, etc.):				
Additional insured address:						
City:	y:		State	State:		
Attn:			Fax:	Fax:		
Contact email:			•			
Send copy of certificate via:	Email	Fax		Mail		
Kiwanis Event information						
Description of event:						
Event dates (include set up/tear	down dates):					
Event location:						
Special instructions:						

Submit to Hylant by mail, email or fax:

10401 North Meridian Street, Suite 200 Indianapolis, IN 46290

kiwaniscert@hylant.com Fax: 1-317-817-5151