



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
Senior Vice President, Client
Executive

Morgan Hurst
Client Service Manager

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
4 Carter Green
Suite 300
Carmel, IN 46032

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:

Event, Date(s) and Location:

ISSUE DATE YYYY/MM/DD



Company
E

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)	
COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCURRENCE ☒ PRODUCTS AND/OR COMPLETED OPERATIONS ☒ PERSONAL INJURY ☐ EMPLOYER'S LIABILITY ☒ TENANT'S LEGAL LIABILITY ☒ NON-OWNED AUTOMOBILE ☒ HIRED AUTOMOBILE	A	GL2852645	2026/10/01	2027/10/01	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	\$ 1,000,000
					HIRED AUTOMOBILE	\$ 1,000,000
AUTOMOBILE LIABILITY ☐ DESCRIBED AUTOMOBILES ☐ ALL OWNED AUTOMOBILES ☐ LEASED AUTOMOBILES ** ☐ GARAGE LIABILITY ☐					BODILY INJURY PROPERTY DAMAGE COMBINED	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM					EACH OCCURRENCE	\$
					AGGREGATE	\$
OTHER (SPECIFY) Self Insured Retention	A	GL2852645	2026/10/01	2027/10/01	All Claims	\$ 150,000
					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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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:				
Send copy of certificate via:	☐	Fax	☐	E-Mail
	☐		☐	Mail
First Additional Insured				
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
Second Additional Insured				
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
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, 4 Carter Green, Suite 300 Carmel, IN 46032				

Confidentiality Statement. The information and concepts provided to you by Hylant Group are strictly confidential. The information and concepts are solely for your internal evaluation and no other use of distribution is permitted or authorized.