



CERTIFICATE OF INSURANCE REQUEST WITH ADDITIONAL INSURED WORDING

PLEASE COMPLETE BEFORE ORDERING!!

We strive to meet a 24-hour turnaround.

Date ordered: _____

Kiwanis Club Name: _____

Contact: _____ Phone Number: _____

Contact Address: _____

Add'l Insured Name: _____

Attn: _____ Fax Number: _____

Address: _____

Add'l Insured Name: _____

Attn: _____ Fax Number: _____

Address: _____

Description of Event: _____

Event Date(s): (Include set up/tear down dates) _____

Event Location: _____

Special Instructions: _____

Fax or e-mail to Contact: Yes No

Fax number or e-mail address: _____

Fax or e-mail to Add'l Insured: Yes No

Fax number or e-mail address: _____

Hylant Group
PO Box 1910
Carmel, IN 46082-1910
1.800.442.7475 x7179 (U.S. ONLY)
Fax: 317.817.5151