Kiwanis®
International

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: _____

Additional insured name: _____

Attn: _____ Fax number: _____

Address: _____

Additional insured name: _____

Attn: _____ Fax number: _____

Address: _____

Description of event: _____

Event date(s): (Include setup/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 additional insured: Yes ☐ No ☐

Fax number or e-mail address: _____

NEW ADDRESS:
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P.O. Box 40925
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800-442-7475 (U.S. only)
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