

Hylant Group
301 Pennsylvania Parkway #201
P.O. Box 40925
Indianapolis, IN 46280-0925 USA
Phone: 317-817-5000
800-678-0361
Fax: 317-817-5151

KIWANIS CERTIFICATE PACKET

A current Certificate Packet is enclosed. ***Make copies*** as needed so you have Certificates on hand for future events.

Our "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 anyone/entity other than our agency. ***If the Certificate Holder is requesting special wording, such as "Additional Insured", your club must call 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,

Hylant Group

Adam Reiff
Senior Client Service Specialist

Phone: 1-800-678-0361, ext. 15139
1-317-817-5000, ext. 15139
Fax: 1-317-817-5151

1-800-678-0361
Ext #15159

TO: KIWANIS CLUBS & MEMBERS

RE: Kiwanis International Commercial General Liability Insurance

CERTIFICATE OF INSURANCE PROCEDURES

1. Please complete your certificate(s) of insurance in the order which follows:
 - A. Enter **date certificate is being issued** (i.e. today's date) in the upper right hand corner.
 - B. Enter the **Kiwanis Club name, contact person, and complete mailing address** in the upper left of form identified as Insured.
 - C. Enter the **certificate holder name, contact (if any), and complete mailing address** as required by your insurance carrier in the "certificate holder" box at the bottom left of the form. Certificate Holder is the organization, firm or person who is requesting proof of insurance from your club.
 - D. In the "description of operations" section directly 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 2 copies of the certificate.
3. Send the original Certificate to the "Certificate Holder" (i.e., the party requesting proof of insurance.)
4. Send a copy of the certificate along with a completed copy of this form to:

**HYLANT GROUP
P.O. BOX 40925
INDIANAPOLIS, IN 46280-0925 USA**

IMPORTANT!! The attached Certificate forms cannot be modified or altered in any way without the express permission of Hylant Group and the Insurance Company. If you have a certificate which requires alteration such as Additional Insured wording, please contact Hylant Group at 1-800-678-0361 x15159.

COMPLETE THE FOLLOWING:

Club Name and Address: _____

Contact Name & Phone Number: _____

Type of Event: _____

Date(s) & Location: _____

ACORD TM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

A

PRODUCER
Hylant Group
PO Box 40925
Indianapolis, IN 46280-0925

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

Phone No. 317-817-5000 Fax No. 317-817-5151

COMPANIES AFFORDING COVERAGE

INSURED: **Kiwanis International - All Clubs & Their Members**
Insured Local Club:

COMPANY A **AIG Comm. Insurance Company of Canada**

CLUB NAME: _____

COMPANY B

CLUB ADDRESS: _____

COMPANY C

COMPANY D

B

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 REQUIREMENT, TERM OR CONDITION 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 THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	1676774	11/01/09	11/01/10	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL&ADV INJURY	\$ 2,000,000
	<input type="checkbox"/> OWNERS&CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> AGG. PER DISTRICT				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> LIQUOR LIABILITY				MED EXP (Any one person)	\$
A	AUTOMOBILE LIABILITY	1676774	11/01/09	11/01/10	LIQUOR LIABILITY	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT	\$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY-EA ACCIDENT	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY	\$
	GARAGE LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> ANY AUTO				AGGREGATE	\$
	<input type="checkbox"/>				EACH OCCURRENCE	\$
	<input type="checkbox"/>				AGGREGATE	\$
	<input type="checkbox"/>				WC STATUTORY LIMITS	\$
	<input type="checkbox"/>				OTHER	\$
	EXCESS LIABILITY				EL EACH ACCIDENT	\$
	<input type="checkbox"/> UMBRELLA FORM				EL DISEASE-POLICY LIMIT	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				EL DISEASE-EA EMPLOYEE	\$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				EL DISEASE-POLICY LIMIT	\$
	<input type="checkbox"/> IN CL				EL DISEASE-EA EMPLOYEE	\$
	<input type="checkbox"/> EXCL				EL DISEASE-EA EMPLOYEE	\$
A	Self Insured Retention	1676774	11/01/09	11/01/10	All Claims	\$ 100,000

SAMPLE!!

DO NOT DUPLICATE!

D

Name: _____
Attn: _____
Address: _____

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ACORD 25-S(1/95)
© ACORD CORPORATION

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD TM **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)

PRODUCER
Hylant Group
 P.O. Box 40925
 Indianapolis, IN 46280-0925

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Phone No. 317-817-5000 Fax No. 317-817-5151

COMPANIES AFFORDING COVERAGE

INSURED: **Kiwanis International - All Clubs & Their Members**
Insured Local Club:

CLUB NAME: _____

CLUB ADDRESS: _____

- COMPANY
A AIG Comm. Insurance Company of Canada
- COMPANY
B
- COMPANY
C
- COMPANY
D

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 REQUIREMENT, TERM OR CONDITION 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 THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	1676774	11/01/09	11/01/10	GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 2,000,000	
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL&ADV INJURY	\$ 2,000,000	
	OWNERS&CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> AGG PER DISTRICT				FIRE DAMAGE (Any one fire)	\$ 100,000	
					MED EXP (Any one person)	\$	
A	<input checked="" type="checkbox"/> LIQUOR LIABILITY	1676774	11/01/09	11/01/10	LIQUOR LIABILITY	\$ 1,000,000	
A	AUTOMOBILE LIABILITY	1676774	11/01/09	11/01/10	COMBINED SINGLE LIMIT	\$ 1,000,000	
	ANY AUTO				BODILY INJURY		
	ALL OWNED AUTOS				(Per person)	\$	
	SCHEDULED AUTOS				PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
<input checked="" type="checkbox"/> \$3,000,000 Aggregate							
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY	\$	
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
	EXCESS LIABILITY				EACH OCCURRENCE	\$	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$	
	WORKERS COMPENSATION AND				WC STATU-TORYLIMITS	OTH-ER	\$
	EMPLOYER'S LIABILITY					\$	
					EL EACH ACCIDENT	\$	
	THE PROPRIETORS/ PARTNERS/EXECUTIVE OFFICERS ARE:					EL DISEASE-POLICY LIMIT	\$
	<input type="checkbox"/> IN CL <input type="checkbox"/> EXCL					EL DISEASE-EA EMPLOYEE	\$
A	Self Insured Retention	1676774	11/01/09	11/01/10	All Claims	\$ 100,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Name: _____

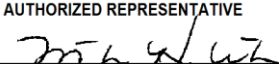
Attn: _____

Address: _____

ACORD 25-S(1/95)
 © ACORD CORPORATION

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


**KIWANIS INTERNATIONAL - CERTIFICATE OF INSURANCE
REQUEST WITH ADDITIONAL INSURED WORDING**

PLEASE COMPLETE BEFORE ORDERING!! We strive to meet a 24 hour turnaround

Kiwanis Club Information(name of club):		
Contact Name:		
Club or Contact Address:		
City:	Province:	Postal Code:
Contact Phone:	Contact Fax:	
Contact Email:		
Send copy of certificate via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail		

1) Additional Insured:		
Additional Insured Name:		
Additional Insured Address:		
City:	Province:	Postal Code:
Attn:	Fax:	
Email:		
Send copy of certificate via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail		

2) Additional Insured:		
Additional Insured Name:		
Additional Insured Address:		
City:	Province:	Postal Code:
Attn:	Fax:	
Contact Email:		
Send copy of certificate via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail		

Kiwanis Event Information
Description of Event:
Event Dates (include set up/tear down dates):
Event Location:
Special Instructions: