

Hylant Group
501 Congressional Blvd
P.O. Box 1910
Carmel IN 46082-1910
Phone: 317-817-5000
800-442-7475
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
Account Manager

Phone: 1-800-442-7475
Fax: 1-317-817-5151

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 1910
CARMEL, IN 46082-1910**

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 1-800-442-7475 or 317-817-5000.

COMPLETE THE FOLLOWING:

Club Name and Address: _____

Contact Name & Phone Number: _____

Type of Event: _____

Date(s) & Location: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

A

PRODUCER
Hylant Group
PO Box 1910
Carmel, IN 46082-1910

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 Lexington Insurance Company

CLUB NAME: _____

COMPANY
B

CLUB ADDRESS: **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	0350443	11/01/07	11/01/08	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
	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	AUTOMOBILE LIABILITY	0350443	11/01/07	11/01/08	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS					
	<input type="checkbox"/> SCHEDULED AUTOS					
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
<input checked="" type="checkbox"/> \$3,000,000 Aggregate						
					PROPERTY DAMAGE	\$
					AUTO ONLY-EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
					WC STATU-TORYLIMITS	\$
					OTH-ER	\$
						\$
					EL EACH ACCIDENT	\$
					EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EA EMPLOYEE	\$
A	Self Insured Retention	0350443	11/01/07	11/01/08	All Claims	\$ 100,000

SAMPLE!!

DO NOT DUPLICATE!!

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

D

CERTIFICATE HOLDER

Name: _____

Attn: _____

Address: _____

C

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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

Denton J. Cahault, AAI, CIC

© ACORD CORPORATION 1988

ACORD TM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER
Hylant Group
 P.O. Box 1910
 Carmel, IN 46082-1910

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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 Lexington Insurance Company

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.

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	<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	
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	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$	
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
<input checked="" type="checkbox"/> \$3,000,000 Aggregate							
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$	
	<input type="checkbox"/> 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 EMPLOYER'S LIABILITY				WC STATU-TORYLIMITS	OTH-ER	\$
						\$	
	<input type="checkbox"/> IN CL				EL EACH ACCIDENT	\$	
	<input type="checkbox"/> EXCL				EL DISEASE-POLICY LIMIT	\$	
					EL DISEASE-EA EMPLOYEE	\$	
A	Self Insured Retention	0350443	11/01/07	11/01/08	All Claims	\$ 100,000	

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CERTIFICATE HOLDER

Name: _____

Attn: _____

Address: _____

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AUTHORIZED REPRESENTATIVE: *[Signature]*
 Denton R. [Name], AAI, CIC

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