



Illinois State Council Knights of Columbus

COUNCIL GENERAL LIABILITY INSURANCE APPLICATION

Council to be insured: (please print all data)

Date: _____

Council Name: _____

Council # _____

Proposed Effective/Expiration Date: Effective July 1, 2010 - Expiration June 30, 2011

WE DO NOT PRO-RATE INSURANCE

Council Mailing Address: _____

Location Address (if different) _____

Contact Name and Title _____

Contact Address _____

Telephone # _____ Fax # _____

E-Mail _____

Any claims in the past 5 years? Yes/ No If yes, please attach a document with complete details.

CERTIFICATES YOU ANTICIPATE YOU WILL NEED:

Describe any activities/events expected to be included that are not on the existing list (Activities Summary and Underwriting Guidelines) Please list: Date, Event, Certificate Holder (physical location Name & Address), any Additional insured? If you need more room, attach another sheet of paper.

EVENT	DATE	CERTIFICATE HOLDER Name & address	ADD'L INSURED
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

What Works - Team Work