



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, 2008 - Expiration June 30, 2009

Our current insurance will not expire until _____. Please pro-rate our coverage.

Form box containing fields for Council Mailing Address, Location Address, Contact Name and Title, Contact Address, Telephone #, Fax #, and 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?

Table with 4 columns: EVENT, DATE, CERTIFICATE HOLDER, ADD'L INSURED. Contains 7 empty rows for data entry.