



**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, 2015 - Expiration June 30, 2016

**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.

**LIST CERTIFICATES YOU ANTICIPATE YOU WILL NEED.  
BY REQUESTING A CERTIFICATE FOR ALL OF YOUR EVENTS, YOU ARE SURE THAT YOUR  
EVENT IS APPROVED BY THE UNDERWRITERS.**

Always state whether alcohol will be sold at any event

Information we must have to order a special certificate:

EVENT DESCRIPTION	DATE	CERTIFICATE HOLDER Name & address	ADD'L INSURED √ IF WANTED
_____	_____	_____	_____

All Requests for Certificates must be in writing: [donna@illnoisknights.org](mailto:donna@illnoisknights.org) or Fax 815-935-2078

***Lead Me, Guide Me, Lord***