

KNIGHTS OF COLUMBUS, CONNECTICUT STATE COUNCIL

LOCKTON AFFINITY LIABILITY INSURANCE PROGRAM

REQUEST FOR CERTIFICATE OF INSURANCE

Use this form to request a certificate of insurance for a Council or Assembly event when you are required to provide evidence of liability insurance.

Fill out this form and send it to: **State Advocate Michael Gimmelli**
Email: state.advocate@ctstatecouncil.org
Phone: 203-558-4278

PRIMARY INSURED PARTY (policyholder)	
Name of Insured Council or Assembly:	
Council / Assembly Number:	
Address:	
EVENT	
Description of Event: (Free Throw, Soccer, etc.)	
Date of Event:	
Location of Event: (name of building)	
Address:	
ADDITIONAL INSURED PARTY / PARTIES (if any) (event location, parish, town, etc.)	
Name:	
Address:	
If more than 1:	
Name:	
Address:	
Add more if necessary.	