

## **KNIGHTS OF COLUMBUS:**

## NEWFOUNDLAND & LABRADOR STATE COUNCIL and All of its Councils, Assemblies, Officers & Members.

Please use this form if proof of insurance is required for any function your council is hosting. Complete and Return Application to: **Shashin Sood** Account Executive

830 Pandora Avenue, Victoria, BC V8W 1P4,Office: (250) 388-5555, www.hsminsurance.com

Council#	Contact Name:	
Phone#		
Name & Description of Event		
Location of Event: (Please give	ve full name and address includ	ding postal code)
Dates  From:	To:	Times
From:	To:	
Additional Insured, if require	d: (Please give full name and a	address)
•	nton McKenzie to email a copy oured on your behalf, Please pro	
Contact name for Additional	Insured:	
Phone#	Email:	

## Duncan