**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 Kevin Glazier**

**Email: state.advocate@ctstatecouncil.org**

**Phone: 860-874-4810**

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| **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. |  |