

**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 Matthew C. McGrath**  
Email: [state.advocate@ctstatecouncil.org](mailto:state.advocate@ctstatecouncil.org)  
Phone: 860-878-0158

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