



Requesting a Certificate of Insurance from a 3rd Party

What is a Certificate of Insurance?: A certificate of insurance is a document issued by an insurance company to a third party to provide information about the insured, including the insurance policy coverages, effective dates and limits, and other contract provisions.

When do I request a Certificate of Insurance?: Entities wishing to enter into contracts with Kinsmen, Kinette or Kin clubs should furnish proof that their insurance coverage will protect the club should a problem arise with the goods or services they furnish. This sound advice applies both to contracts that are written agreements and to purchase orders. Proof that the entity's insurance covers the club consists of a certificate of insurance showing both that the entity has specific insurance coverage **and** that the club has been added to the certificate of insurance as additional insured. The club should also ask that Kin Canada be added on as additional insured.

Why do I request a Certificate of Insurance?: The reasons for following such a practice are sound. Practicing good risk management includes transferring the financial risk of accidental loss to the non-Kin entity that controls the activities through which loss may occur. Kin Canada's insurance standards ensure that Kin clubs deal with responsible entities that are able to fund any loss they cause. The essential purpose of these standards is to protect members and Kin clubs by providing a financial resource to cover claims for injuries or property loss or damage that non-Kin entities cause.

When the club and Kin Canada are named as additional insureds on a certificate of insurance, the degree of protection is far greater. **Why is this?** Standing alone, a certificate of insurance only states what the policy's dollar limits were on the date the certificate was issued. When the club and Kin Canada are named as additional insureds, we gain direct access to the 3rd party's insurance company. The insurance company will usually have a duty to defend and indemnify the club and Kin Canada because we are a named additional insured.

The following are the requirements that can be provided to a 3rd party when requesting a Certificate of Insurance.



Kin Canada Certificate of Insurance Requirements:

Please have your insurance company provide a Certificate of Insurance with the following:

1. Certificate Holder _____
(club name) _____

2. Policy number and the effective date.
3. Line of Coverage Minimum Limit
General Liability \$2,000,000
4. Additional Insured - List _____(club name) and Kin Canada
as additional insureds.
5. Primary Coverage- State that coverage on certificate is the primary coverage.
6. Name and date of the event.
7. Participant & Spectator Coverage- If event will involve participants/spectators
certificate must state that coverage includes both participants and spectators.
8. Cancellation Notification- Has a minimum 30 day notification of policy change
cancellation.

Please provide the Certificate(s) of Insurance by _____20____.

Send Certificate to: _____



Certificate of Insurance is required by all EXHIBITORS

All exhibitors must provide the _____ (club name) with a Certificate of Insurance for the event before they are permitted onto the floor.

You will be required to:

1. Contact your insurance provider to get a certificate of insurance.
2. Make sure the certificate of insurance names the club and Kin Canada as additional insureds.
3. Please fax, mail or e-mail one certificate of insurance to the address or number below.

Email to: _____ Mail to: _____
Fax to: _____

****Please see the Certificate of Insurance Requirements****

If you do not have insurance please feel free to contact our broker HKMB International Insurance Brokers at 1-800-562-2213 ext. 794 for a quote or visit www.hkmb.com.



Certificate of Insurance is required by all CONTRACTORS

All contractors must provide the _____ (club name) with a Certificate of Insurance before entering into a contract/agreement for a service.

You will be required to:

4. Contact your insurance provider to get a certificate of insurance.
5. Make sure the certificate of insurance names the club and Kin Canada as additional insureds.
6. Please fax, mail or e-mail one certificate of insurance to the address or number below.

Email to: _____ Mail to: _____
Fax to: _____

****Please see the Certificate of Insurance Requirements****

If you do not have insurance please feel free to contact our broker HKMB International Insurance Brokers at 1-800-562-2213 ext. 794 for a quote or visit www.hkmb.com.



Certificate of Insurance is required by all PERFORMERS

All performers must provide the _____ (club name) with a Certificate of Insurance for the event before they are permitted to perform at the _____ (name of event).

You will be required to:

7. Contact your insurance provider to get a certificate of insurance.
8. Make sure the certificate of insurance names the club and Kin Canada as additional insureds.
9. Please fax, mail or e-mail one certificate of insurance to the address or number below.

Email to: _____ Mail to: _____
Fax to: _____

****Please see the Certificate of Insurance Requirements****

If you do not have insurance please feel free to contact our broker HKMB International Insurance Brokers at 1-800-562-2213 ext. 794 for a quote or visit www.hkmb.com.

CERTIFICATE OF INSURANCE					ISSUE DATE (MM/DD/YY) 03/09/2007	
BROKER  INTERNATIONAL INSURANCE BROKERS <small>an Assurex Global Partner</small>			This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.			
INSURED'S FULL NAME AND MAILING ADDRESS Kin Canada 1920 Hal Rogers Drive Cambridge, ON N3H 5C8			Company A	Lloyds Underwriters		
			Company B	ACE INA Insurance		
			Company C			
			Company D			
			Company E			
COVERAGES						
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.						
TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE <input type="checkbox"/> HIRED AUTOMOBILE AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> <small>**ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	A	0565643	02/01/2007	02/01/2008	EACH OCCURRENCE \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGGREGATE \$ 1,000,000 PERSONAL INJURY \$ 1,000,000 EMPLOYER'S LIABILITY \$ 1,000,000 TENANT'S LEGAL LIABILITY \$ 1,000,000 NON-OWNED AUTOMOBILE \$ 1,000,000 HIRED AUTOMOBILE \$	
<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE COMBINED <input type="checkbox"/> BODILY INJURY (Per person) <input type="checkbox"/> BODILY INJURY (Per accident) <input type="checkbox"/> PROPERTY DAMAGE					\$ \$ \$ \$	
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	B		02/01/2007	02/01/2008	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000	
OTHER (SPECIFY)					\$ \$ \$ \$	
DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS/ ADDITIONAL INSURED Name of the event: Kinsmen Lobsterfest Dinner and Dance Description: Surf and Turf Dinner followed by dance to raise funds for Cystic Fibrosis Date: May 26, 2007, 1 P.M. to 1 A.M. Evidence of insurance						
CERTIFICATE HOLDER Kinsmen Club 1920 HalRobert St Cambridge, On				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOUR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Per: _____ <small>Page 1 of 1</small>		