



**Procedures for Issuing Commercial General Liability Certificates of Insurance for  
Kiwanis Clubs and Members**

1. Please complete your Certificates of Insurance as follows:
  - A) Enter date Certificate is being issued (today's date) in the box marked "DATE (MM/DD/YYYY)" in the upper right hand corner.
  - B) Enter the Kiwanis Club name, contact person, and complete mailing address in the box marked "Insured" in the upper left of form.
  - C) Enter the name of the certificate holder, contact (if any), and complete mailing address as required by your insurance carrier in the box marked "CERTIFICATE HOLDER" on the bottom left of the form. "Certificate Holder" is the organization, firm, or person who is requiring proof of insurance from your club.
  - D) In box marked "DESCRIPTION OF OPERATIONS..." above the "CERTIFICATE HOLDER" box, please enter the type of event, the date(s) of the event, and the location where the event is being held. *Any Certificate of Insurance which is altered beyond this will be considered NULL AND VOID!*
  
2. Complete and make two copies of the Certificate.
  
3. Send the original Certificate to the "Certificate Holder" – the party requesting proof of insurance.
  
4. Send a copy of the Certificate along with a completed copy of this page to either:

**HYLANT**  
10401 N. Meridian Street  
Suite 200  
Indianapolis, IN 46290

OR

[kiwaniscert@hylant.com](mailto:kiwaniscert@hylant.com)

**PLEASE NOTE:** The attached Certificate forms cannot be modified or altered in any way without the express permission of Hylant and the Insurance Company. If you have a Certificate which requires alterations (such as Additional Insured wording) please complete and submit the form on page four.

Club Name and Address: Kiwanis Club of Aurora, P.O. Box 1551, Aurora, IL 60507

Contact Name, Phone Number, and Email Address: Kim Groom 630-688-5588  
kimgroom@comcast.net

Date(s) and Location: 9/21-22, 28-29/18 Rte.59 Train Stn. 1090 N.Rte,59.,Aurora,IL60504

Confidentiality Statement: The information and concepts provided to you by Hylant Group are strictly confidential. The information and concepts are solely for your internal evaluation and no other use or distribution is permitted or authorized.





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Club Name and Address: Kiwanis Club of Aurora, P.O. Box 1551, Aurora, IL 60507

Contact Name, Phone Number, and Email Address: Kim Groom 630-688-5588  
kingroom@comcast.net

Date(s) and Location: 9/21-22, 28-29/18 Aurora Transportation Ctr, 233 N.Broadway,Aurora

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Club Name and Address: Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507

Contact Name, Phone Number, and Email Address: Kim Groom 630-688-5588  
kingroom@comcast.net

Date(s) and Location: 9/21-22, 28-29/2018 Jewel 1952 W Galena Blvd Aurora 60506

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\_\_\_\_\_

Contact Name, Phone Number, and Email Address: Kim Groom 630-688-5588  
kingroom@comcast.net

Date(s) and Location: 9/21-22/2018 Jewel 1157 Eola Rd Aurora 60502

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Club Name and Address: Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507

Contact Name, Phone Number, and Email Address: Kim Groom 630-688-5588  
kingroom@comcast.net

Date(s) and Location: 9/21-22/2018 Jake's Bagels 220 N Broadway Aurora 60505

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Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507

Club Name and Address: \_\_\_\_\_

Contact Name, Phone Number, and Email Address: Kim Groom 630-688-5588

kingroom@comcast.net

Date(s) and Location: 9/20-22/2018 Cermak Fresh Market 1250 N Lake St 60506

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Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507

Club Name and Address: \_\_\_\_\_

Kim Groom 630-688-5588

Contact Name, Phone Number, and Email Address: \_\_\_\_\_

kimgroom@comcast.net

Date(s) and Location: \_\_\_\_\_

<sup>20-21</sup>  
~~9/14~~ 9/15/2018 Prisco's 1108 Prairie St Aurora, IL 60506

(KG)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/14/2018

9/20-21/2018

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hylant - Indianapolis 10401 North Meridian St, Ste 200 Indianapolis IN 46290	<b>CONTACT NAME:</b> Lisa Christenson <b>PHONE (A/C No, Ext):</b> 317-817-5172 <b>E-MAIL ADDRESS:</b> kiwaniscert@hylant.com	<b>FAX (A/C No):</b> 317-817-5151
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> KIWAN03 Kiwanis International, All Clubs and Their Members 3636 Woodview Trace Indianapolis IN 46268 PO Box 1551 Aurora, IL 60507	<b>INSURER A:</b> Lexington Insurance Company	<b>NAIC #</b> 19437
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1688112255

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			013136005	11/1/2017	11/1/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Liquor Liability \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			013136005	11/1/2017	11/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Self-Insured Retention			013136005	11/1/2017	11/1/2018	All Claims \$75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Peanut Day sales. Standing outside store entrances taking donations for Kiwanis Peanuts.

Locations to include: Cermak Market / Prisco's / Jewel-Osco(s) / Jake's Bagels / Walmart(s)

**CERTIFICATE HOLDER****CANCELLATION**

Prisco's Family Market 1108 Prairie St Aurora, IL 60506	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Judy K. Wilson</i>
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Club Name and Address: \_\_\_\_\_

Contact Name, Phone Number, and Email Address: Kim Groom 630-688-5588

kimgroom@comcast.net

Date(s) and Location: 9/14-15/2018 Walmart 2900 Kirk Rd Aurora, IL 60502

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Contact Name, Phone Number, and Email Address: Kim Groom 630-688-5588  
kingroom@comcast.net

Date(s) and Location: 9/21-22/2018 Jewel 465 N State Rt 47 Sugar Grove 60554

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Contact Name, Phone Number, and Email Address: Kim Groom 630-688-5588  
kingroom@comcast.net

Date(s) and Location: 9/21 & 9/28/2018 Walmart 2000 Orchard Rd Montgomery 60538

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	<b>PHONE (A/C, No, Ext):</b> 317-817-5172	<b>E-MAIL ADDRESS:</b> kiwaniscert@hylant.com
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Lexington Insurance Company		19437
<b>INSURED</b>		
<b>KIWAN03</b> Kiwanis International, All Clubs and Their Members 3636 Woodview Trace Kiwanis Club of Aurora Indianapolis IN 46268 PO Box 1551 Aurora, IL 60507		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER: 1688112255**                      **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Liquor Liability</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			013138005	11/1/2017	11/1/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Liquor Liability \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			013138005	11/1/2017	11/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Self-Insured Retention			013138005	11/1/2017	11/1/2018	All Claims \$75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Peanut Day sales. Standing outside store entrances taking donations for Kiwanis Peanuts.  
Locations to include: Cermak Market / Prisco's / Jewel-Osco(s) / Jake's Bagels / Walmart(s)

<b>CERTIFICATE HOLDER</b> Walmart 2000 Orchard Rd Montgomery, IL 60538	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Judy K. Wilson</i>