



**Illinois State Council  
Knights of Columbus**

**COUNCIL GENERAL LIABILITY INSURANCE APPLICATION**

Council to be insured: (please print all data)

Date: \_\_\_\_\_

Council Name: \_\_\_\_\_

Council # \_\_\_\_\_

Proposed Effective/Expiration Date: Effective July 1, 2011 - Expiration June 30, 2012

**WE DO NOT PRO-RATE INSURANCE**

Council Mailing Address: _____	
Location Address (if different) _____	
Contact Name and Title _____	
Contact Address _____	
Telephone # _____	Fax # _____
E-Mail _____	

Any claims in the past 5 years? Yes/ No If yes, please attach a document with complete details.

**CERTIFICATES YOU ANTICIPATE YOU WILL NEED:**

Describe any activities/events expected to be included that are not on the existing list (Activities Summary and Underwriting Guidelines) Please list: Date, Event, Certificate Holder (physical location Name & Address), any Additional insured? If you need more room, attach another sheet of paper.

EVENT	DATE	CERTIFICATE HOLDER Name & address	ADD'L INSURED
			Yes No
			Yes No
			Yes No

***Protecting our past ~ Forging our future  
Centered on the Eucharist***