


Certificate of Insurance Instructions

To open the form: From the Rotary Portal home screen, select “201x-1x US Rotary Club and District General Liability Certificate of Insurance.”



CERTIFICATE OF LIABILITY

Submit Form

1. Enter today's Date.

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, ALTER, OR SUPPLEMENT THE POLICIES AFFORDED BY THE POLICIES LISTED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE AN OFFER OF INSURANCE. IT IS NOT A CONTRACT. IT IS NOT A REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 constitute an endorsement of the certificate holder in lieu of such endorsement(s).

PRODUCER LOCKTON COMPANIES, LLC - K CHICAGO 525 W. Monroe, Suite 600 CHICAGO, IL 60661 (312) 669-6900	CONTACT NAME: Lockton Companies, LLC PHONE (ACQ. No. Ext): 1-800-921-3172 E-MAIL ADDRESS: Rotary@lockton.com INSURER(S) AFFORDING COVERAGE: INSURER A : ACE American Insurance INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
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INSURED
All Active US Rotary Clubs & Districts
Attn: Risk Management Division
1560 Sherman Ave.
Evanston, IL 60201-3698

COVERAGES **CERTIFICATE NUMBER:** **REV**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT, THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability <input type="checkbox"/> Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		N	PMI G23861355 005	7/1/2013	7/1/2014	EACH OCCURRANCE \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPOP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		N	PMI G23861355 005	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB EXCESS LIAB DED \$ RETENTION \$			NOT APPLICABLE			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (MM/DD/YYYY TO MM/DD/YYYY)			NOT APPLICABLE			

ADDITIONAL INSURED(S) below

LOCATION(S) / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Certificate Holder is included as Additional Insured where required by written and signed contract or permit subject to the terms and conditions of the General Liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER

REQUESTOR NAME
ATTN: SPECIFIC AREA
STREET ADDRESS
CITY, STATE, ZIP

RE: ROTARY CLUB, EVENT NAME, LOCATION, DATE

2. Enter:

Certificate Holder name and address - the party requesting the proof of insurance

Rotary Club Name and/or District Number

Event Description – Event Name and date(s)

3. Click “Submit Form” to create certificate.

Note: You will get no reply unless the certificate was completed incorrectly.

4. Select “Print” from your tool bar or “Save As:” to save to your computer.

5. Save a copy for your records.

Additional-insured wording is standard.

For assistance, contact Lockton at (800) 921-3172, 8:30a – 4:30p CT, M-F, or e-mail rotary@lockton.com.