U.S. Rotary Club & District
General Liability Insurance Program
2005-2006 Certificate of Insurance Request Form

Instructions

Complete and return this form by mail, fax, or email along with a copy of the certificate/insurance requirements from the organization requesting the certificate (if applicable) to:

Aon Risk Services, Inc. of Illinois, ACS
Address: P.O. Box 1128 Glenview, IL 60025-1128
Facsimile: 1-800-363-0105 Email: acs_chicago@ars.aon.com

The certificate will be issued within 24-48 weekday hours. Special requests may take longer to process.
Questions? Call Aon toll-free at 1-866-283-7122 (7:00 am-7:00 pm Mon-Fri, Central Standard Time)

Club or District Information

Club Name & Number		District Number	
Contact Name		Contact Phone Number	
		Contact Fax Number	

Certificate Holder Information (What entity is requesting proof of insurance?)

Entity Name	
Address	
Contact	

Additional Insured Information

Is the certificate holder requesting additional insured status? ☐ No ☐ Yes

If yes, why is the certificate holder requesting additional insured status? They are:
☐ the site owner ☐ a municipality ☐ a vendor
☐ the lessor of equipment/personal property ☐ other (please explain _____)

Description/Reason for Certificate

Event Name (if applicable)		Event Date(s) (if applicable)	
Event Location-City and State (if applicable)			
Brief Description of the Event			

Distribution of the Certificate

Send an original certificate to	☐ Certificate Holder	☐ by mail ☐ by e-mail (_____@_____) ☐ by facsimile (number: _____)
	☐ Insured Club/District	☐ by mail (address: _____) (_____) ☐ by facsimile (number: _____) ☐ by e-mail (_____@_____)
	☐ Other	☐ by mail (address: _____) ☐ by e-mail (_____@_____) ☐ by facsimile (number: _____)

Other Information

Remarks or other instructions			
Date Needed		Today's Date	