

FOR U.S. ROTARY CLUB AND DISTRICT MEMBER USE ONLY
Certificate of Insurance Instructions

Step 1: Click on the link below to the Certificate of Insurance PDF document (shown below):
http://www.rotary.org/Rldocuments/en_pdf/gli_certificate_en.pdf

ACORD - CERTIFICATE OF LIABILITY INSURANCE

PRODUCER: LOCKTON COMPANIES,LLC
 525 W. Monroe, Suite 600
 CHICAGO IL 60651
 (312) 669-6900

INSURED: All Active US Rotary Clubs & Districts
 Attr. Risk Management Department
 1560 Sherman Ave.
 Evanston IL 60201-3698

INSURER A: American Home Assurance Company
 INSURER B: Illinois National Insurance Company
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

INSURANCE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GL7218113	7/1/2007	7/1/2008	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$ 1,000,000
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GL7218113	7/1/2007	7/1/2008	LIQUOR LIABILITY \$ INCLUDED
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (See schedule) \$ 1,000,000
B	<input checked="" type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> CLAIMS MADE	BE 7235491	7/1/2007	7/1/2008	BODY INJURY (Per person) \$ XXXXXXXX
	<input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> UM/SUELLA FORM <input type="checkbox"/> RETENTION \$				BODY INJURY (Per accident) \$ XXXXXXXX
OTHER	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	NOT APPLICABLE			PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	OTHER				AUTO ONLY - EA ACCIDENT \$ XXXXXXXX OTHER THAN AUTO ONLY: EA ACC \$ XXXXXXXX ABO \$ XXXXXXXX

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 The certificate holder is included as Additional Insured where required by a written 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
 IN THIS BLOCK:
 REQUESTOR'S NAME
 STREET ADDRESS
 CITY, STATE, ZIP CODE

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE: *J. B. B.*

Step 2: Enter today's date in the box identified by the red "STEP 2" arrow above.

Step 3: Enter the requestor's name and address in the "Certificate Holder" box identified by the red "STEP 3" arrow above.

Note: (1) **Certificate Holder/Requestor** is the entity that has requested proof of insurance from your club or district.

(2) **Additional Insured** wording is standard in the description block of the certificate.

(3) **Event Description** (Your club or district's name, event date(s), name, location) can be referenced below the address line.

Step 4: Select "Print" from your tool bar or menu. Or, select "Save As" and save the certificate of insurance to your computer.

Step 5: Make or save a copy of the certificate of insurance for your club's or district's records.

If you need assistance, please contact Lockton at (800) 921-3172 from 8:30 am – 4:30 pm CT, Monday-Friday, or e-mail rotary@lockton.com.

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