



REQUEST FOR CERTIFICATE OF INSURANCE

Insured Entity Name: Knights of Columbus Council #

Today's Date: _____ Date Needed By: _____

Please indicate if you need any of the following:

- Evidence of Insurance only
- Cert Holder named Additional Insured
- Cert Holder named Loss Payee
- Waiver of Subrogation

Certificate Holder: _____

(Facility/Group requesting Proof of Insurance)

Attn: _____

Address: _____

Event Name: _____

Event Date(s): _____ Event Location: _____

Contract/Lease #: _____ Effective Date(s): _____

Briefly describe the event/contract/lease and the Insured's involvement: _____

Comments: _____

Please return completed requests to your agent.

Alicia Thompson
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 Phone: 509-946-2602