



Request for Certificate of Insurance

Insured Name: **Knights of Columbus Washington State – COUNCIL #** _____

Contact Person: _____

Phone Number: _____ Email Address: _____

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

(Facility/Group requesting Proof of Insurance)

Cert Holder Name		Attn:	
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Mailing Address	City	State	Zip
EMAIL:			

Event Name	
Event Date(s)	
Event Location	
Contract/Lease#	
Effective Date(s)	

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

Please return completed requests to your agent:

Julie Fleming-Suttich
 PayneWest Insurance
 Email: jfleming@paynewest.com
 Phone: 509-946-2170