



HUB International Insurance Brokers

Suite 601, 400 4th Ave S

Lethbridge, AB

T1J 4C9

## CERTIFICATE REQUEST

Rotary District 5360 & Clubs

<b>Full Rotary Club Name:</b> <i>(Refers to Insured Name Section of Certificate)</i>			
<b>Rotary Club Mailing Address &amp; Postal:</b> <i>(Refers to Insured Address Section of Certificate)</i>			
<b>Rotary Contact Person(s):</b> <i>(Incase Additional Information is Required)</i>	Contact No. 1	Contact No. 2	
<b>Phone:</b>			
<b>Email Address:</b>			
<b>Event Name, Date(s) &amp; # of Attendees</b> <i>(Refers to the "Regarding" Section of Certificate)</i>			
<b>Full Name &amp; Address of the Event</b> <i>(Refers to the "Regarding" Section of Certificate)</i>			
<b>What organization/company is requesting the certificate? Full name &amp; address</b> <i>(Refers to the "Certificate Holder" Section of Certificate)</i>			
<b>Do they require to be added as "Additional Insured" with 30 days notice of cancellation?</b>		Yes	No
<b>Advise the limits/coverage required:</b> <i>(Standard Certificate will Only Confirm Commerical General Liability Coverages)</i>			
<b>*Once Completed: Email to one of the below Contacts*</b> <i>(Certificate will be issued within 3 Business Days)</i>			
<b>Kevin Cipkar</b> <i>Commercial Account Executive</i> 403-359-8152 Kevin.Cipkar@HUBInternational.com		<b>Diane Quaroni</b> <i>Commercial Account Executive</i> 604-703-7094 Diane.Quaroni@HUBInternational.com	
<b>**If Special Requirements are needed to be met and or a Certificate is Required on Short Notice Please Email &amp; Call**</b>			