

**FOR U.S. ROTARY CLUB AND DISTRICT MEMBER USE ONLY**  
**2007-2008 Certificate of Insurance Instructions**

**Step 1:** Open the document: **Certificate of Insurance 07-08.pdf**

**ACORD. CERTIFICATE OF LIABILITY INSURANCE**

PRODUCER: LOCKTON COMPANIES, LLC  
 525 W. Monroe, Suite 800  
 CHICAGO IL 60661  
 (312) 669-6900

INSURED: All Active US Rotary Clubs & Districts  
 At-Risk Management Department  
 1500 Sherman Ave.  
 Evanston IL 60201-9998

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

COVERAGES

FORM	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GL7218113	7/1/2007	7/1/2008	EACH OCCURRENCE # 1,000,000 FIRE DAMAGE (Any one fire) # 1,000,000 MED EXP (Any one person) # XXXXXXXX PERSONAL & ADV INJURY # 1,000,000 GENERAL AGGREGATE # 5,000,000 PRODUCTS - COMP/PROP AGG # 1,000,000 LIQUOR LIABILITY # INCLUDED
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				GL7218113
	BARGE LIABILITY ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT # XXXXXXXX OTHER THAN AUTO ONLY: EA ACC # XXXXXXXX AGG # XXXXXXXX
B	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> UMBRELLA FORM RETENTION #	BE 7235491	7/1/2007	7/1/2008	EACH OCCURRENCE # 5,000,000 AGGREGATE # 5,000,000 # XXXXXXXX # XXXXXXXX # XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NOT APPLICABLE			NO STATUTORY LIMITS (Other) # EL EACH ACCIDENT # XXXXXXXX EL DISEASE - EA EMPLOYER # XXXXXXXX EL DISEASE - POLICY LIMIT # XXXXXXXX
	OTHER				

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: *T. B. B.*

**Step 2:** Enter the date in the box above.

**Step 3:** Enter the requestor's name and address in the "Certificate Holder" box identified above.  
 ---You will need to press the "Tab" key to get to the next line; "Enter" will not work.

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

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

**Step 4:** Select "Print" from your tool bar or menu, or click on the "Print Form" button. The certificate of insurance will be sent directly to the printer you select.

\*\*\*You will not be able to save changes made to this document to your computer unless you have Adobe Acrobat Writer.

**Step 5:** Make 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 CST, Monday-Friday, or e-mail rotary@lockton.com.**