

**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/RIdocuments/en\\_pdf/gli\\_certificate.pdf](http://www.rotary.org/RIdocuments/en_pdf/gli_certificate.pdf)

**ACORD - CERTIFICATE OF LIABILITY INSURANCE**

PRODUCER: LOCKTON COMPANIES, LLC  
 525 W. Monroe, Suite 600  
 CHICAGO IL 60661  
 (312) 669-6900

INSURED: All Active US Rotary Clubs & Districts  
 Altiz Risk Management Department  
 1950 Sherman Ave.  
 Evanston IL 60201-9698

INSURERS AFFORDING COVERAGE:  
 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	GL7218113	7/1/2007	7/1/2008	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	GL7218113	7/1/2007	7/1/2008	COMBINED SINGLE LIMIT (See schedule) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ XXXXXXXX
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ XXXXXXXX
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$ XXXXXXXX
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY - EA ACC \$ XXXXXXXX
					AUTO ONLY - AGG \$ XXXXXXXX
B	<input checked="" type="checkbox"/> EXCESS LIABILITY	BE 7235491	7/1/2007	7/1/2008	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> UMBRELLA FORM				\$ XXXXXXXX
	<input type="checkbox"/> RETENTION \$				\$ XXXXXXXX
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY	NOT APPLICABLE			EL - EACH ACCIDENT \$ XXXXXXXX
					EL - DISEASE - SA EMPLOYEE \$ XXXXXXXX
					EL - DISEASE - POLICY LIMIT \$ 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 the date in the box above.

**Step 3:** Enter the requestor's name and address in the "Certificate Holder" box identified 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.

**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 CT, Monday-Friday, or e-mail [rotary@lockton.com](mailto:rotary@lockton.com).**