FRATERNAL BENEFIT SOCIETY

ADDITIONAL INSURED CERTIFICATE REQUEST FORM

APPLICATION

PART A INSTRUCTIONS

- 01. Each Request Form must be submitted for approval
- 02. If any information is missing or if the Request Form is not legible, your Request for an Additional Insured is automatically DENIED and you will have to re-apply.
- 03. Submit the following documents to S. A. Van Dyk, Inc.
 - a. The completed Additional Insured Certificate Request Form Pages 1,2, 3 and 4,
 - b. Your payment of \$25.00 fee for each Additional Insured Request.
 - c. Your check payable to:

S. A. VAN DYK, INC. P. O. BOX 4806 OAK BROOK, IL 60522-4806

PART B IMPORTANT NOTES

- 01. Allow 10 days to receive your Certificate.
- 02. Any pricing information is subject to change without notice.
- 03. R. V. Nuccio & Associates, Inc. reserves the right to accept or reject any application for Insurance and/or additional insured request.
- 04. The Additional Insured Certificate of Insurance will not be issued until it has been approved and the full and correct payment has been received by S. A. Van Dyk, Inc.
- 05. Only R. V. Nuccio & Associates, Inc. has the authority to bind any coverage under the policy.
- 06. All premiums and fees are fully earned at inception.

PART C GENERAL INFORMATION

Entity Name								
Name of Chapter, Council, Assembly, Women's Auxiliary								
Contact Name:		MI	Last					
THSt		IVII	Last					
Contact Address:								
Street	City		State	Zip				
4. Contact Home Phone:								
Ar	ea Code		Number					
Ar	ea Code		Number					
Contact Fax:								
Ar	ea Code		Number					
Contact E-Mail:								
	Name of Ch Contact Name: First Contact Address: Street Contact Home Phon Ar Contact Work Phon Ar Contact Fax:	Name of Chapter, Coulombre Contact Name: First Contact Address: Street City Contact Home Phone: Area Code Contact Work Phone: Area Code Contact Fax: Area Code	Name of Chapter, Council, Asset Contact Name: First MI Contact Address: Street City Contact Home Phone: Area Code Contact Work Phone: Area Code Contact Fax: Area Code	Name of Chapter, Council, Assembly, Women's Contact Name: First MI Last Contact Address: Street City State Contact Home Phone: Area Code Number Contact Work Phone: Area Code Number Contact Fax: Area Code Number				

PART D ADDITIONAL INSURED INFORMATION

01. Additional Insured #01

Name or Wording:					
Address:	City				
Street	City	State	Zip		
Phone:	NT 1				
Area Code	Number				
Fax:					
Area Code	Number				
E-Mail Address:				 	
Event Type:	Type of Event			 	
	Type of Event				
Event Description: _	Brief Description of Event			 	
	Brief Description of Event				
	Description			 	
	Description				
	Description				
Event Date(s)	Date(s) Event will be held			 	
	Date(s) Event will be held				
Event Time(s)	T' () F ('111 1 1 1			 	
	Time(s) Event will be held				
02. Additio	onal Insured #02				
Name or Wording:				 	
Address:					
Street	City	State	Zip	 	

Phone	:						
	Area Code	Number			_		
Fax:							
гах.	Area Code	Number			-		
	THOU COUC	rumoer					
E-Ma	il Address:					 	_
Event	Type:						
	JF	Type of Event					
Event	Description:						
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		Description				 	
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		-					
Event	Date(s)	Date(s) Event will be held					
	· · ·	Date(s) Event will be held					_
Event	Time(s)	Time(s) Event will be held					_
		Time(s) Event will be lield					
	03. Additio	onal Insured #03					
Name	or Wording:					 	_
							_
Addre	ess: Street	City	State	Zip		 	_
	Street	City	State	Zip			
Phone	e:				_		
	Area Code	Number			•		
г							
Fax:	Area Code	Number			-		
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E-Ma	il Address:						
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Event	1 ype:	Type of Event				 	_
Event	Description: _	Brief Description of Event				 	
	-	Brief Description of Event					

	Description				
	Description			 	
	Description				
Event Date(s)	Date(s) Event will be held			 	
Event Time(s)	Date(s) Event will be neid				
Event Time(s)	Time(s) Event will be held				
04. Additio	onal Insured #04				
Name or Wording: _				 	
Address:				 	
Street	City	State	Zip		
Phone: Area Code	Number				
_	Number				
	Number				
L Man Address.					
Event Type:	Type of Event			 	
Event Description: _	Brief Description of Event			 	
	Brief Description of Event				
	Description				
	Description			 	
	Description				
	Description				
Event Date(s)	Date(s) Event will be held			 	
E and Time ()	Date(s) Event will be neig				
Event Time(s)	Time(s) Event will be held				

PART E AMOUNT TO PAY

	X	\$25.00 FEE EACH	=	\$
Total Number of Additional Insureds			Pay	this Amount

Exclusive National Program Administrator: R. V. Nuccio & Associates Insurance Brokers, Inc.

AGENT: S. A. VAN DYK, INC. 1010 JORIE BOULEVARD, SUITE #242 P. O. BOX 4806 OAK BROOK, IL 60522-4806

> 1-800-323-7326 TELEPHONE 1-630-990-8907 FAX <u>WWW.SAVANDYK.COM</u> WEBSITE <u>SAVINSUR@AOL.COM</u> EMAIL ADDRESS