

# 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

01. Entity Name \_\_\_\_\_  
Name of Chapter, Council, Assembly, Women's Auxiliary
02. Contact Name: \_\_\_\_\_  
First MI Last
03. Contact Address: \_\_\_\_\_  
Street City State Zip
04. Contact Home Phone: \_\_\_\_\_  
Area Code Number
05. Contact Work Phone: \_\_\_\_\_  
Area Code Number
06. Contact Fax: \_\_\_\_\_  
Area Code Number
07. Contact E-Mail: \_\_\_\_\_

**PART D ADDITIONAL INSURED INFORMATION**

01. Additional Insured #01

Name or Wording: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Area Code Number

Fax: \_\_\_\_\_  
Area Code Number

E-Mail Address: \_\_\_\_\_

Event Type: \_\_\_\_\_  
Type of Event

Event Description: \_\_\_\_\_  
Brief Description of Event

\_\_\_\_\_  
Description

\_\_\_\_\_  
Description

\_\_\_\_\_  
Description

Event Date(s) \_\_\_\_\_  
Date(s) Event will be held

Event Time(s) \_\_\_\_\_  
Time(s) Event will be held

**02. Additional Insured #02**

Name or Wording: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Area Code                      Number

Fax: \_\_\_\_\_  
Area Code                      Number

E-Mail Address: \_\_\_\_\_

Event Type: \_\_\_\_\_  
Type of Event

Event Description: \_\_\_\_\_  
Brief Description of Event

\_\_\_\_\_ Description

\_\_\_\_\_ Description

\_\_\_\_\_ Description

Event Date(s) \_\_\_\_\_  
Date(s) Event will be held

Event Time(s) \_\_\_\_\_  
Time(s) Event will be held

**03. Additional Insured #03**

Name or Wording: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
Street                      City                      State                      Zip

Phone: \_\_\_\_\_  
Area Code                      Number

Fax: \_\_\_\_\_  
Area Code                      Number

E-Mail Address: \_\_\_\_\_

Event Type: \_\_\_\_\_  
Type of Event

Event Description: \_\_\_\_\_  
Brief Description of Event

\_\_\_\_\_  
Description

\_\_\_\_\_  
Description

\_\_\_\_\_  
Description

Event Date(s) \_\_\_\_\_  
Date(s) Event will be held

Event Time(s) \_\_\_\_\_  
Time(s) Event will be held

**04. Additional Insured #04**

Name or Wording: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Area Code Number

Fax: \_\_\_\_\_  
Area Code Number

E-Mail Address: \_\_\_\_\_

Event Type: \_\_\_\_\_  
Type of Event

Event Description: \_\_\_\_\_  
Brief Description of Event

\_\_\_\_\_  
Description

\_\_\_\_\_  
Description

\_\_\_\_\_  
Description

Event Date(s) \_\_\_\_\_  
Date(s) Event will be held

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  
[WWW.SAVANDYK.COM](http://WWW.SAVANDYK.COM) WEBSITE  
[SAVINSUR@AOL.COM](mailto:SAVINSUR@AOL.COM) EMAIL ADDRESS

Insured By:  
FIREMAN'S FUND INSURANCE COMPANY