



830 Pandora Avenue, Victoria, BC V8W 1P4 T: 250.388.5555 F: 250.388.5959

NEW BRUNSWICK STATE COUNCIL KNIGHTS OF COLUMBUS and All of its Councils, Assemblies, Officers & Members.

Please use this form if proof of insurance is required for any function your council is hosting. Complete and fax to attention *Vince Knight* at 250-388-5959 or email vknight@hsminsurace.com

Council# _____ Contact Name: _____

Phone# _____ Fax/Email: _____

Description of Function:

Location of Function: (Please give full name and address including postal code)

Dates | From: _____ To: _____

Times | From: _____ To: _____

Additional Insured, if required: (Please give full name and address)

Hendry Swinton McKenzie may fax/email a copy of the Certificate of Insurance directly to the Additional Insured on your behalf. Please provide:

Contact name for Additional Insured: _____

Phone# _____ Fax/Email: _____

Click the 'Email Me' button to email the completed form to Vince Knight