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**BRITISH COLUMBIA & YUKON
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@hsminsurance.com

Council# _____ Contact Name: _____

Phone# _____ Email: _____
(or Fax if no email available)

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# _____ Email: _____
(or Fax if no email available)

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