

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 **\$35.00** 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

_____ 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 \$35.00 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 WEBSITE
SAVINSUR@AOL.COM EMAIL ADDRESS

Insured By:
FIREMAN'S FUND INSURANCE COMPANY