



## **INSTRUCTIONS FOR THE ADDITIONAL INSURED CERTIFICATE**

Hume Lake Christian Camps is requesting an additional item for your upcoming camp with us: an Additional Insured Certificate that names Hume Lake Christian Camps as an additional insured under your existing General Liability, Automobile, Workers' Compensation, and Excess Umbrella (if applicable) policies. This certificate is a routine business matter and should easily be obtained through a request to your broker or carrier.

Please request the Certificate and have it sent to **Hume Lake Christian Camps - Hume SoCal**. Please make sure the company preparing the Certificate lists **the dates** your group will be at the Camp facility or involved in a Hume-sponsored program or activity. Additionally, please list **the camp or program** that your group will be participating in. We will also need a **\$2M requirement for general aggregate**.

We have attached a sample Request for Certificate of Insurance to fax or email to your broker or carrier. Please feel free to use the form if you do not have pre-established procedures for a Certificate request.

**Please note that this Certificate of Insurance needs to be in our inbox 4 weeks prior to check-in.** For any questions you may have, please contact our Registration Department at [register@hume.org](mailto:register@hume.org) or call the toll-free number listed below.

## Request for Certificate of Insurance

PLEASE COMPLETE ALL INFORMATION AND ATTACH A COPY OF ANY CORRESPONDENCE FROM THE PARTY REQUESTING THE CERTIFICATES

- A certificate will be faxed or emailed to you; unless specifically requested otherwise, the original certificate will be mailed to the certificate holder.
- Please plan ahead and allow time for the certificate request to be processed.

### **NAMED INSURED (you)**

Please: \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ E-mail

Legal Name of Organization:

Contact Person:

Mailing Address: \_\_\_\_\_ City, State, Zip Code:

Phone Number: (xxx) xxx-xxxx Fax Number: (xxx) xxx-xxxx

E-mail Address:

### **CERTIFICATE HOLDER (Requestor)**

Please: \_\_\_\_\_ Mail \_\_\_\_\_ Fax ☒ E-mail

Certificate Holder: **Hume Lake Christian Camps - Hume SoCal**

Attention: **Registration Department**

Mailing Address: **PO Box 8560** City, State, Zip Code: **Green Valley Lake, CA 92341**

Event Address: **32355 Green Valley Lake Rd., Green Valley Lake, CA 92341**

Phone Number: **(909) 867-4444** Fax Number: **(559) 305-7687**

E-mail Address: **lmcraven@hume.org**

Check line that applies (if no box is checked, Evidence Only will issue) ☒ Additional Insured \_\_\_\_\_ Evidence Only

### **WHY DO YOU NEED A CERTIFICATE?**

Reason for Certificate:

Dates you need the certificate to provide coverage:

Description for certificate / Additional information:

Select Coverage: ☒ General Liability \_\_\_\_\_ Automobile \_\_\_\_\_ Workers' Compensation \_\_\_\_\_ Excess GL \_\_\_\_\_  
Property \_\_\_\_\_ Excess Property \_\_\_\_\_ Excess Automobile

INFO@HUME.ORG | 1.800.965.4863 | FAX 559.305.7687

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