



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 New England**. 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 have attached a sample Request for Certificate of Insurance that can be faxed or e-mailed to your broker or carrier. Please feel free to use the form if you do not have pre-established procedures for a Certificate request.

For any questions you may have, please contact our Registration Department at register@hume.org or call the toll-free number listed below.

INFO@HUME.ORG | 1.800.965.4863 | FAX 559.305.7687

HUME.ORG

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 New England**

Attention: **Registration Department**

Mailing Address: **PO Box 156** City, State, Zip Code: **Monterey, MA 01245**

Event Address: **73 Chestnut Hill Rd., Monterey, MA 01245**

Phone Number: **(413) 528-3604** Fax Number: **(559) 305-7687**

E-mail Address: **kdavis@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

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