

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 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 the 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 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:MailFaxE-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:MailFaxX _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: otuttle@hume.org Check line that applies (if no box is checked, Evidence Only will issue)X_ Additional InsuredEvidence 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: X General Liability Automobile Workers' Compensation Excess GL Property Excess Property Excess Automobile