

**2024 HAWAIIAN CANOE RACING ASSOCIATION  
CERTIFICATE OF INSURANCE REQUEST FORM**

*\*\*Use this form to request a Certificate of Insurance for a special event or for a new Certificate Holder/ Additional Insured. If this is for a fundraiser, you need to include ACW's fundraiser approval form.*

*\*\*This form should be sent to Kainoa at [kscheer@acwhawaii.com](mailto:kscheer@acwhawaii.com) and Cora at [cdumlao@acwhawaii.com](mailto:cdumlao@acwhawaii.com) with a copy to the insurance committee c/o [kerionmaui@yahoo.com](mailto:kerionmaui@yahoo.com) for HCRA a **minimum of 10 days prior to an event.***

Event Information:

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Name of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Estimated # of Participants: \_\_\_\_\_

Description of Event:

***Our current policy provides for the following:***

Insured: HCRA, and its Members Associations and their member clubs

New Certificate Holder(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Operations:

*Standard language:* The certificate holder is named as an Additional Insured with respect to negligent acts or omissions of the Named Insured and only with respect to the Operations of the Insured during the coverage period.

Contact Information for Requesting Club:

Club: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Any special requests: