

**2025 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 and Bridget at bburress@acwhawaii.com with a
copy to the insurance committee c/o 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: