



# Knights of Columbus

DELAWARE STATE COUNCIL

## Certificate of Insurance Request Form

Insured: Knights of Columbus, Delaware State Council

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

Date Requested: \_\_\_\_\_

Issue Certificate of Insurance To: (name and address):

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Date(s) of Event: \_\_\_\_\_

Send Copy of Certificate to: (select one)

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Attention: \_\_\_\_\_

**Fax or Email to:**

**New Castle Insurance Ltd.**

**Fax No.: (302) 322-3124**

**Email: [info@NewcastleInsure.com](mailto:info@NewcastleInsure.com)**

**Call Ronnie at (302) 328-6111 to  
verify request was received**