

## CERTIFICATE OF INSURANCE REQUEST FORM

The following information is needed in order to process a request for the Certificate of Insurance:

(This should be submitted a minimum of two weeks prior to the activity or event.)

Date of Activity/Event: \_\_\_\_\_

Start and Ending Time: \_\_\_\_\_

Unit/District certificate is to cover: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Name of Scouter requesting certificate: \_\_\_\_\_

Phone Number of Scouter requesting certificate: \_\_\_\_\_

Name of Location to be insured: \_\_\_\_\_

Physical Address of Location: \_\_\_\_\_

\_\_\_\_\_

Address to be sent to: \_\_\_\_\_

\_\_\_\_\_

OR Fax # or Email: \_\_\_\_\_

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Accounting Dept only:

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Certificate Number: \_\_\_\_\_