



CERTIFICATE OF INSURANCE REQUEST

(PLEASE ALLOW AT LEAST TWO WEEKS FOR PROCESSING)

Name: \_\_\_\_\_ Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Please issue a Certificate of Insurance to the following school, town, or organization which requires the Insurance certificate (Certificate Holder's Complete Name, Address & E-mail):

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

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

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

Amount needed: \$ \_\_\_\_\_ (if over \$1 million, you MUST attach a copy of the written requirements from the certificate holder)

DESCRIPTION OF ACTIVITY:

(Select One: Pack Troop Crew Post) Number: \_\_\_\_\_ District: \_\_\_\_\_

Type of event ( ) District Event: \_\_\_\_\_

& description ( ) Unit Weekly Meetings: \_\_\_\_\_

( ) Unit Event: \_\_\_\_\_

( ) Other: \_\_\_\_\_

If the certificate is for a unit activity, is the certificate holder the chartered organization for the unit involved \_\_\_\_\_?

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

Location or place of event: \_\_\_\_\_

Are any fees required for services, use of the property, etc? \_\_\_\_\_

Also need: ( ) Hold Harmless Agreement

( ) Additional Insured Status

( ) Other Special Wording: \_\_\_\_\_

\* A copy of the certificate is automatically emailed to the Certificate Holder, if you would like a copy for your records please complete the following (check one option only):

( ) Fax to: \_\_\_\_\_ ( ) Put in Unit Mailbox: \_\_\_\_\_

( ) E-Mail to: \_\_\_\_\_