

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

Please email to:

Ann.Murphy333@scouting.org

Please allow up to a week for processing

Date: _____

From: _____ Email Address: _____

Phone #: _____ Ext: _____ Fax#: _____

Unit, District or Council Activity: _____

Unit # and District: _____

Description of Activity: _____

Date(s) of Activity: _____

If certificate is for use of facilities, describe: _____

Certificate Holder(whom it should be made out to): _____

Address: _____

Send a copy of request/Insurance requirement if special wording is required (i.e. "additional insured", etc).

Is certificate for donated service, property, etc. ___ Yes ___ No

Is certificate Holder a Chartering Organization: ___ Yes ___ No

Dollar Amount: \$ 1,000,000

Additional Comments: _____
