

REQUEST FOR: **CERTIFICATE OF INSURANCE**

All requests for Certificates of Insurance must be received at the Council Service Center **AT LEAST TWO WEEKS** prior to the event. Please inform your volunteers of this NATIONAL RULE.

Date of Request: _____

NAME & ADDRESS OF ORGANIZATION REQUESTING THE CERTIFICATE:

The name/organization and address* below will be listed as the 'Certificate Holder'. The original certificate will be mailed to the 'Certificate Holder'.

IS THE 'CERTIFICATE HOLDER' REQUESTING TO BE LISTED AS AN ADDITIONAL INSURED ON THE POLICY: Yes____ No ____

Name & Number of Pack, Troop, Post, Crew, Team: _____

Date(s) of Activity: _____

Location of Activity: _____

Description of Activity: (Example; Court of Honor, SA Dinner, Car Wash, Camporee, etc.)

Adult Volunteer will receive a copy of the Certificate - name and address:

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

E-mail address: _____

Service Area Team Member: _____ Service Area: _____