Certificate of Insurance Request Form

This form may be used to request a Certificate of Insurance for your outing, event, or meeting place. Please allow TWO WEEKS for the processing of your request.

Date of Request:		
Name:	Email:	
Phone:	Fax Number:	
Unit Type:	Unit Number:	_ District:
Brief Description of Activit	y . Should include the type of event yo	ou are holding. Be specific.
Date Activity Begins:	Date Activity En	ds:
If certificate is for use of a	facility, what time are you using the f	acility?
If certificate is for use of fa	cilities, exactly what part of the facilit	ty will you be using? Be Specific.
Amount Needed for the C	ertificate:	
Has Certificate Holder req	uested to be listed as additional insu	ured?
Any fees required for the	services or use of facilities?	
document. All requests for cannot prepare the certification. If the request for a certificattach a copy of your sign	cate is for a fundraising event other ned and approved Unit Money Earnir	structions from the facility or we than the Council Popcorn Sale, please
The certificate holder is the organ address. Street Address:		activity is taking place. This cannot be your name and
City:	State:	Zip:
	vity, is the holder the chartered organiza	ation for the unit involved?