

## CERTIFICATE OF INSURANCE REQUEST FORM

<b>Date:</b>	Your Name:  Your email address:	Phone #:	Pack # _____ Troop # _____ Crew # _____
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**Indicate below what has been requested by the certificate holder.  
When possible please allow 2 weeks for processing, longer if outside the parameters below.**

<u><b>Proof of Insurance Only</b></u> (Usually all that is requested by the Certificate Holder)  <input type="checkbox"/>	<u><b>Amount Requested:</b></u> (Only if requested by Certificate Holder)  <input type="checkbox"/> \$1M <input type="checkbox"/> \$2M	<u><b>Additional Insured:</b></u> (Only if requested by Certificate Holder)  <input type="checkbox"/>
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<b>Event:</b>	
<b>Date:</b>	<b>Time:</b>
<b>Event Location:</b>	
<b>Use of Facilities:</b>	
<b>Certificate Holder</b> (Business, School, Park District etc.)	
<b>Street Address:</b>	
<b>City/ST/Zip:</b>	
<b>Attn:</b>	

Disposition of Certificate	
_____ Mail to Certificate Holder (to address above) _____ E-mail to Certificate Holder (e-mail address below) _____	_____ Mail to Requester (address below) _____ _____ E-mail to Requester (e-mail address below) _____

**When complete please email to: [roman.salamon@scouting.org](mailto:roman.salamon@scouting.org)**