

CERTIFICATE OF INSURANCE REQUEST FORM

ver. 03/2024

Date:	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.**

<p><u>Proof of Insurance Only</u> (Usually all that is requested by the Certificate Holder)</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p><u>Amount Requested:</u> (<u>Only if</u> requested by Certificate Holder)</p> <p style="text-align: center;"> <input type="checkbox"/> \$1M <input type="checkbox"/> \$2M </p>	<p><u>Additional Insured:</u> (<u>Only if</u> requested by Certificate Holder)</p> <p style="text-align: center;"><input type="checkbox"/></p>
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Event:	
Date:	Time:
Event Location:	
Use of Facilities:	

Certificate Holder
(person/organization to whom certificate is being provided as evidence of insurance)

Street Address:

City/ST/Zip:

Attn:

Disposition of Certificate

<p>____ Mail to Certificate Holder (to address above)</p> <p>____ E-mail to Certificate Holder (e-mail address below)</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<p>____ Mail to Requester (address below)</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p>____ E-mail to Requester (e-mail address below)</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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When complete please email to: roman.salamon@scouting.org