

CERTIFICATE OF INSURANCE REQUEST FORM

Date:	Requested By: (your name)	Phone #:	Pack # _____ Troop # _____ Crew # _____
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**Indicate below,
what has been requested by the certificate holder
Please allow 2 weeks for processing, longer if outside the parameters below.**

<p style="text-align: center;"><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 style="text-align: center;"><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 style="text-align: center;"><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:
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Location:

Use of Facilities:

Certificate Holder:

Street Address:

City/ST/Zip:

Attn:

Disposition of Certificate

<input type="checkbox"/> Mail to Certificate Holder (to address above) <input type="checkbox"/> E-mail to Certificate Holder (e-mail address below) _____	<input type="checkbox"/> Mail to Requester (address below) _____ <input type="checkbox"/> E-mail to Requester (e-mail address below) _____
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