



**COUNCIL CERTIFICATE OF INSURANCE REQUEST**

A Certificate of Insurance is used to provide proof of insurance coverage to a certificate holder. Complete this form and return it to the Council Property Executive at the address above. A Certificate of Insurance will be issued to the Certificate Holder named below. The Certificate of Insurance is in addition to any necessary Council Permission requests.

**Your Information**

Name and address of person requesting certificate:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Troop Number: \_\_\_\_\_

Email: \_\_\_\_\_

Purpose of Coverage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Period you are requesting coverage for: *(please include beginning and ending date)*

\_\_\_\_\_

**Certificate Holder Information**

Name of Person/Organization requesting proof of coverage:

\_\_\_\_\_

Attention (*optional*) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Do they want to be added as an additional insured?**

- YES
- NO
- Do not know.

**Send Certificate Via: *(select all that apply)***

Email *if checked, email address:* \_\_\_\_\_

US Postal Mail

FAX *if checked, FAX number:* \_\_\_\_\_

**Frequency**

One time only.

Issue Annually.