



## Certificate of Insurance Request

Date: \_\_\_\_\_

Unit Type & #: \_\_\_\_\_

District Name: \_\_\_\_\_

## Certificate Holder

Name of Organization: \_\_\_\_\_

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

Organization's Phone Number: \_\_\_\_\_

Organization's Email: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Additionally Insured: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Facility Being Used: \_\_\_\_\_

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

## BSA Unit Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date(s) of the Event: \_\_\_\_\_

Return to [kelly.dolnack@scouting.org](mailto:kelly.dolnack@scouting.org) or fax 610-926-4965

