



# BOY SCOUTS OF AMERICA®

## HAWK MOUNTAIN COUNCIL

### Certificate of Insurance Request

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

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

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

### Certificate Holder – Organization Requesting COI

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 [duane.crouse@scouting.org](mailto:duane.crouse@scouting.org) or fax 610-926-4965

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