

# Request for General Liability Insurance Certificate

Organization (Pack/Troop/Crew/Post) number. \_\_\_\_\_  
 Sponsoring Org. \_\_\_\_\_  
 District \_\_\_\_\_  
 Request Date \_\_\_\_\_

### Event Specifics

Event: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 Type of Event: \_\_\_\_\_  
 Location of Event: \_\_\_\_\_  
 Name of Event Holder: \_\_\_\_\_  
 Address of event: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Does this event holder require "ADDITIONAL INSURED"? Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", please fill out the following section:

Name of Additional Insured \_\_\_\_\_  
 \_\_\_\_\_

**(Please include any specific details/requirements if provided by event holder)**

Name of Insurance Requestor (should be a leader within unit for this event)

\_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

If event holder needs certificate faxed directly, please provide the followings:

Event holder's contact: \_\_\_\_\_

Fax number: \_\_\_\_\_



**Please allow 3 – 5 working days for processing prior to event date.**

(Fax 813-875-5890, Attn: Angelique Saffore, email [asaffore@boyscouting.com](mailto:asaffore@boyscouting.com))