

Request for General Liability Insurance Certificate

Organization: _____

Sponsoring Organization: _____

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 following:

Event Holders Contact: _____

Fax Number: _____

**Please allow 3 – 5 working days for processing prior to event date.
(Fax 813-875-5890, Attn: Lilliam Nieves - Inieves@boyscouting.com)**