



2020 CERTIFICATE OF INSURANCE REQUEST FORM

For policy coverage effective March 1, 2019-March 1, 2020.

REQUESTED BY: _____ DATE OF REQUEST: _____
First Name Last Name

PHONE: _____ EMAIL: _____ DATE NEEDED: _____

CERTIFICATE REQUIREMENTS		
<input type="checkbox"/> PROOF OF INSURANCE ONLY <i>Most commonly requested by Certificate Holder.</i>	AMOUNT: <input type="checkbox"/> \$1 MILLION <input type="checkbox"/> \$2 MILLION <i>Use only if requested by Certificate Holder</i>	
<input type="checkbox"/> ADDITIONAL INSURED* <i>Use only if requested by Certificate Holder.</i>	NAME OF ADDITIONAL INSURED: _____	
UNIT/EVENT INFORMATION		
UNIT TYPE: <input type="checkbox"/> PACK <input type="checkbox"/> TROOP <input type="checkbox"/> CREW	UNIT #: _____	DISTRICT: _____
DATE(S):	TIME:	
EVENT DESCRIPTION/EXPLANATION OF USE OF FACILITY:		
CERTIFICATE HOLDER/LOCATION NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL A COPY OF THE COMPLETED CERTIFICATE TO THE CERTIFICATE HOLDER AT: _____.		