

CERTIFICATE OF INSURANCE FORM

LOCATION OF CERTIFICATE HOLDER

NAME: _____ **PHONE #:** _____

ATTN: _____ **FAX #:** _____

ADDRESS: _____

AMOUNT OF INSURANCE REQUESTED

\$1,000,000

ACTIVITY INFORMATION

Unit, District, or Council Activity: _____
(CIRCLE ONE) (NAME OF DISTRICT) (UNIT NUMBER)

Description of Activity: _____

Date(s) of Activity: _____

Describe facilities to be used: _____

Event/Unit Contact Person: _____

Telephone Number: _____

District Executive: _____

Date Requested: _____

FOR OFFICE USE ONLY

Date Processed: _____ Certificate Number: _____

Date to National: _____ Date From National: _____

Date to Certificate Holder: _____ Date copy to District Executive: _____