

PLEASE PRINT

NARRAGANSETT COUNCIL

BOY SCOUTS OF AMERICA

REQUEST FOR: **CERTIFICATE OF INSURANCE**

(TO BE FILLED OUT BY DISTRICT EXECUTIVE)

All requests for Certificates of Insurance must be received at the Council Service Center **AT LEAST TWO WEEKS** prior to the event. Please inform your volunteers of this NATIONAL RULE.

Date of Request: _____

NAME & ADDRESS OF PERSON/ORGANIZATION REQUESTING THE CERTIFICATE:

The name/organization below will be listed as the 'Certificate Holder'. The original certificate will be mailed to the 'Certificate Holder'.

Name & Number of Pack, Troop, Post, Crew, Team: _____

Date(s) of Activity: _____

Location of Activity: _____

Description of Activity: (Example; Court of Honor, District Dinner, Car Wash, Camporee, etc.)

If you would like a copy of the Insurance Certificate to be mailed to someone other than the certificate holder, list name and address below:

Your Name: _____

Your District: _____

Do you want a copy? Yes No