



Certificate of Insurance Request Form

Please fill out completely and return to beverly.pond@scouting.org with a copy to mikbrenn@bsamail.org.

What Type of Unit and #: _____

What District are you in?: Appalachian Trail General Knox Metacomet

Name of organization to issue certificate to: _____

Organization's Phone: _____

Address: _____

City, State, Zip Code: _____

Is there an oral or written contract or has a permit or license been issued which requires that the certificate holder be named as "additionally insured"?: Yes No

Date of your Event: _____

Name of your Event: _____

What will you be using at the location?: _____

Where is this located?: _____

Is there a Fee?: Yes (Amount: _____) No

Your Name: _____

Address: _____

City, State, Zip Code: _____

Fax: _____

Phone (Work): _____

Phone (Home): _____

Email Address to Send Certificate to: _____

Questions / Comments: