

## 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: \_\_\_\_\_ Email or Fax: \_\_\_\_\_

If event holder needs certificate faxed directly, please provide the following:

Event Holders Contact: \_\_\_\_\_

Fax Number or email: \_\_\_\_\_

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**Please allow 3 – 5 working days for processing and approval  
(Email: Adamina Deleon – [adamina.deleon@scouting.org](mailto:adamina.deleon@scouting.org))**