



**BOY SCOUTS OF AMERICA**  
**THREE FIRES COUNCIL**

**CERTIFICATE OF INSURANCE REQUEST FORM**

Today's Date: \_\_\_\_\_

Amount: \$1,000,000

or \$2,000,000

Additional Insured? Yes

or No

Your Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Pack #: \_\_\_\_\_ Troop #: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Name of Certificate Holder\*: \_\_\_\_\_

Address of Certificate Holder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*Certificate holder is the organization/business requesting a certificate of insurance for the use of their facility or property.*

Please fill this form out completely and return to:

Karen Wanek

[karen.wanek@scouting.org](mailto:karen.wanek@scouting.org)

P: 630-584-9250

F: 630-584-8598