

CERTIFICATE OF INSURANCE REQUEST FORM

Today's Date: _____

Amount: \$1,000,000

or Over \$1,000,000

Additional Insured? Yes

or No

REQUEST MUST BE
RECEIVED BY TFC AT
LEAST TWO WEEKS
PRIOR TO ACTIVITY.

Your Name: _____

Phone #: _____

Email: _____

Pack #: _____ Troop #: _____

Date of Activity: _____

Description of Activity: _____

Location of Activity: _____

Certificate holder is the organization/business requesting a certificate of insurance for the use of their facility or property. If a school is requesting a COI, the certificate holder is the School District. Provide the official name, district number and administrative address.

Name of Certificate Holder*: _____

Address of Certificate Holder: _____

City: _____ State: _____ Zip: _____

Please fill this form out completely and return to:

Karen Wanek

Karen.Wanek@Scouting.org

P: 630-584-9250