

Redwood Empire Council
1000 Apollo Way, Suite 106
Santa Rosa, CA 95407

Boy Scouts of America



REQUEST FOR CERTIFICATE OF INSURANCE

Policy Coverage March 1, 2012 thru March 1, 2013

PLEASE FILL OUT COMPLETELY

Date: _____

To: Redwood Empire Council, BSA
Phone: (707) 546-8137 Fax: (707) 546-8163
Email: staff@redwoodbsa.org

Certificate Requested by:

Name: _____
District _____ Unit #: _____
Phone: _____
Fax: _____
E-mail: _____

Please order the following Certificate of Insurance (must be completed)

- \$1,000,000- Proof of Insurance Only – no additional insured included.
- \$1,000,000 –Additional insured included
* Please provide certificate holder's insurance requirements or a letter stating such requirements.
- \$1,000,000 –Additional insured included – with Endorsement (need additional two week notice.)
* Please provide certificate holder's insurance requirements or a letter stating such requirements.

Please provide the following information:

Certificate Holder (complete name and address)

Name _____
Company _____
Address _____
City/ZIP _____
Phone # _____
Fax # _____
Description of activity: _____

Date(s) of activity: _____
If certificate is for use of facilities, describe: _____

Special Wording for Additional Insured (if needed): _____

Please allow at least two weeks for processing of certificate request.