

**PLEASE PRINT**

NARRAGANSETT COUNCIL

BOY SCOUTS OF AMERICA

**REQUEST FOR: CERTIFICATE OF INSURANCE**

All requests for Certificates of Insurance must be received at the Council Service Center **AT LEAST TWO WEEKS** prior to the event. Please inform your volunteers of this NATIONAL RULE.

Date of Request: \_\_\_\_\_

**NAME & ADDRESS OF ORGANIZATION REQUESTING THE CERTIFICATE:**

The name/organization and address\* below will be listed as the 'Certificate Holder'. The original certificate will be mailed to the 'Certificate Holder'.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IS THE 'CERTIFICATE HOLDER' REQUESTING TO BE LISTED AS AN ADDITIONAL INSURED ON THE POLICY:** Yes\_\_\_\_ No \_\_\_\_

**Name & Number** of Pack, Troop, Post, Crew, Team: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

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

Description of Activity: (Example; Court of Honor, SA Dinner, Car Wash, Camporee, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Adult Volunteer will receive a copy of the Certificate - name and address:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Service Area Team Member:** \_\_\_\_\_ **Service Area:** \_\_\_\_\_