NARRAGANSETT COUNCIL SCOUTING 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, 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: _____

District Team Member: _____ District: _____