

**CHARITIES/PROGRAMMING ACTIVITIES
INSURANCE CERTIFICATE REQUEST FORM**

Council or Assembly Number: _____

Council or Assembly Name: _____

Name of Contact Person: _____

Phone #: _____ Fax #: _____

Email: _____ Work #: _____

.....
“PROOF OF INSURANCE”

Name of Certificate Holder: _____

Address: _____ c/o: _____

City: _____ State: _____ Zip code: _____

Phone #: _____ Fax #: _____

Date of Event: _____ Name of Event: _____

.....
“ADDITIONAL INSURED”

Name to be Additionally Insured: _____

Address: _____ c/o: _____

City: _____ State: _____ Zip code: _____

Phone #: _____ Fax #: _____

Date of Event: _____ Name of Event: _____

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NOTE: If special language is needed, please us the reverse side or attach an extra sheet!