

REQUEST FOR CERTIFICATE OF INSURANCE

(The **original** certificate will be mailed to the following address):

CERTIFICATE HOLDER (Company Name): _____

ATTN: (If any): _____

ADDRESS: _____

CITY/ZIP CODE: _____

PHONE: _____ FAX: _____

(Note: A copy of the Certificate will be faxed to Certificate Holder, if fax number is provided)

ADDITIONAL INSURED (If required): _____

GIVE SPECIAL WORDING, IF ANY IS REQUESTED: _____

ACTIVITY: _____ DATES: _____

NAME OF FACILITY TO BE USED: _____

ADDRESS: _____

CITY/ZIP CODE: _____

If for school site, please give school district: _____

Requested by: _____ Date Requested: _____

[For] Leader's Name: _____ Troop #: _____ Phone: _____

NOTE: Please allow ten (10) working days for the Certificate of Insurance to be issued.

Rev. 1/2005

CERTIFICATE OF INSURANCE

When asking permission to use premises for troop meetings, campouts, or selling calendars, nuts, or cookies, the owner/property manager may say you have to get a **CERTIFICATE OF INSURANCE**. Immediately ask who it would be made out to – in other words, who the **CERTIFICATE HOLDER** is, and the **ADDRESS**. The **CERTIFICATE HOLDER** may be:

1. The corporate headquarters of a business, or school district of a school;
2. The property management company that manages the property at that location, or
3. The site itself, it is an independent store, campground, etc.
(this is the least common)

The insurance company mails the **ORIGINAL** to the **CERTIFICATE HOLDER**, so we need a complete mailing address to where it is to be sent.

In addition, regardless of which of the three above it is, we also need the **NAME AND ADDRESS** of the **LOCATION** where the activity is taking place.

PLEASE NOTE: If you are told you also need an **ADDITIONAL INSURED**, please make a note of that, as it is important information to the insurance company and special notation must be made on the certificate. Also note if there are any other **SPECIAL REQUIREMENTS**. Otherwise, the certificate holder will reject the certificate.

Once completed you and can mail it to:

Attn: Properties Dept. PO BOX 3739 Costa Mesa, CA.92628 Or Fax: (714) 850-1299