THE STANDARD INSURANCE REQUEST MAY TAKE UP TO 5 WORKING DAYS. THE EXTRA INSURANCE REQUEST (OVER 1M) MAY TAKE UP TO 10 DAYS.

** REQUESTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED **

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLET	ELY	DATE:				
TO: John Fortini - Reg Phone: 508-872-6 Email: <u>John.Forti</u>	551 x 1001					
FROM:Contact person at		Council #: 24	14			
Contact person at	t Council					
PHONE:	Ext Fax #	:				
EMAIL ADDRESS:						
Unit, District or Council Activity?						
Which unit or district?						
Description of activity/event						
Date(s) of activity						
If certificate is for use of facilities,	describe:					
certification through the National Scout Executive Initials: Amount Needed \$ *** PLEASE FROM THE	ATTACH A COPY OF THE COMPLETED C E CERTIFICATE HOLDER INDICATING T THIS IS NOT INCLUDED THE CERTIFICA	CONTRACT, PERMIT OR HEIR INSURANCE REQU	APPLICA JIREMEN	TION		ent training
Has the certificate holder requested to be listed as additional insured?				Yes		No
Are any fees required for services, use of property, etc? If so, Amount being charged?				Yes		No
	?s the certificate holder the chartered organization	for the unit involved?		Vac		No
-	_			Yes	Ш	No
Additional comments:						