

REQUEST FOR CERTIFICATE OF INSURANCE

TO: Shannon Skurzynski
 FAX: 714/546-0415
 PHONE: 714/546-4990 X 135
 EMAIL: shannons@ocbsa.org

NECESSARY INFORMATION

IS THIS A UNIT, DISTRICT, OR COUNCIL ACTIVITY?
UNIT #:
DISTRICT:
BRIEF DESCRIPTION OF ACTIVITY: (i.e. picnic, fundraiser, court of honor, regular meeting, camping)
YOUR NAME, PHONE NUMBER AND/OR EMAIL:
DATE(s) OF ACTIVITY:
FACILITY OR LOCATION OF ACTIVITY (i.e. multi-purpose room, park, community center)
CERTIFICATE HOLDER: (who is requesting proof of insurance) NAME: ADDRESS CITY, STATE, ZIP FAX: ATTENTION:
<ul style="list-style-type: none"> ▪ Please attach a copy of facility use form or request for Certificate of Insurance if possible. ▪ Please allow at least ten (10) business days for processing. All requests are processed in the order, which they are received. ▪ It is the policy of the Orange County Council and the National Council to <u>NOT issue Additional Insured Attachments.</u>
ADDITIONAL COMMENTS: