

# REQUEST FOR CERTIFICATE OF INSURANCE

*\*CERTIFICATE REQUEST SHOULD BE IN OFFICE AT LEAST TWO WEEKS BEFORE THE OUTING.*

TYPE OF UNIT: \_\_\_\_\_ No. \_\_\_\_\_ DISTRICT: AV BH CAH LC CB BO

CONTACT PERSON IN THE UNIT: \_\_\_\_\_

Would you like to be faxed a copy? Y/N Tel #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ - \_\_\_\_\_

DESCRIPTION OF ACTIVITY: (EXAMPLE: DAY USE, OVERNIGHTER, COURT OF HONOR)

\_\_\_\_\_  
\_\_\_\_\_

DATES OF ACTIVITY: \_\_\_/\_\_\_/\_\_\_, TO \_\_\_/\_\_\_/\_\_\_

NAME OF FACILITY: \_\_\_\_\_

CITY: \_\_\_\_\_ FACILITY CONTACT PERSON: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

NAME OF CERTIFICATE HOLDER AND ADDRESS: (THIS WILL BE THE NAME AND ADDRESS ON THE CERTIFICATE, BE SURE TO INCLUDE BOARD MEMBERS, AGENCIES, OR COUNTIES, IF REQUESTED. (EXAMPLE: LA COUNTY DEPT OF PARKS AND RECREATION.)

\_\_\_\_\_  
\_\_\_\_\_

HAS THE HOLDER REQUESTED TO BE ADDED AS ADDITIONAL INSURED: YES NO

TOTAL OF PEOPLE ATTENDING THIS EVENT: \_\_\_\_\_

TOTAL FEES CHARGED BY THE FACILITY: \$ \_\_\_\_\_

AMOUNT NEEDED:            1 MILLION            /            2 MILLION

**\*1 Million Dollars:** One million dollar certificates may take up to 2 weeks to be processed. The certificate may be faxed or mailed to Customer Service at: 16525 Sherman Way, Unit C-8 Van Nuys, CA 91406 or Fax (818) 901-4888. For any questions please call (818) 785-8700.

**\*2 Million Dollars:** if the facility is requesting 2 million dollars, the request has to go to the National Office in Texas and it may take up to 3 weeks to be process. We must also have a copy of the contract or the request from the facility requesting 2 million, to send to National Office.