TIDEWATER COUNCIL, BOY SCOUTS OF AMERICA 1032 HEATHERWOOD DRIVE VIRGINIA BEACH VA 23455

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

	DATE:				DATE:	PLEASE FILL OUT COMPLETELY			
PHONE:ExtFax #: EMAIL ADDRESS: Unit, district or council Activity						2 Fax: 757-473-3305	Phone: 757-497-2688 xt. 332 Fa	TO:	
Unit, district or council Activity Which unit or district? Description of activity Date(s) of activity If certificate is for use of facilities, describe: Certificate holder (Complete name of facility or venue and address of who is requesting proof of insurance from you): Has the certificate holder requested to be listed as additional insured? Are any fees required for services, use of property, etc? If so, Amount being charged?			# 596	Council #	c			FROM:	
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Additional comments_							omments	Additional co	

Please allow at least **two weeks** for processing of certificate requests. All requests are emailed.

Requests are processed in the order in which they are received