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

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLETELY   **DATE:** _____

TO: **Linda Boyce, Office Administrator**
             Phone: 757-497-2688 xt. 332 Fax: 757-473-3305
             Email: lboyce@bsamail.org

FROM: _____ _____   **Council # 596**

PHONE: _____ **Ext.** _____ **Fax #:** _____

EMAIL ADDRESS: _____

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?	☐	Yes	☐	No
Are any fees required for services, use of property, etc?	☐	Yes	☐	No
If so, Amount being charged? _____				
If certificate is for a unit activity, is the certificate holder the chartered organization for the unit involved?	☐	Yes	☐	No

Additional comments_____

_____

_____

_____

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