

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@twater.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