

# REQUEST FOR LIABILITY CERTIFICATE OF INSURANCE

(For event locations whose owner wishes to be additionally insured or requires proof of insurance.)

Complete this form with ALL required information and submit it to your District Executive for approval. Allow 2 weeks for processing. It will be sent to the insured per below.

Submission Date \_\_\_\_\_

District \_\_\_\_\_ Unit Type and # \_\_\_\_\_

Event Name \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Street Address of Location \_\_\_\_\_

City of Location \_\_\_\_\_ Zip Code of Location \_\_\_\_\_

## WHO IS THE PROPERTY OWNER REQUESTING INSURANCE?

Property owner \_\_\_\_\_

Street Address of Owner \_\_\_\_\_

City of Owner \_\_\_\_\_ Zip Code of Owner \_\_\_\_\_

Does Owner want to be additionally insured? Yes \_\_\_\_\_ No \_\_\_\_\_ (proof only)

Forward insurance certificate to whom? \_\_\_\_\_

Email \_\_\_\_\_ or Fax \_\_\_\_\_

District Executive Approval \_\_\_\_\_ Date \_\_\_\_\_