

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

From: _____

Phone # _____ Ext. _____ Fax # _____

Date: _____

Unit # & Town: _____

Description of Activity _____

Date(s) of activity _____

If certificate is for use of facilities, describe: _____

Certificate Holder
(complete address) _____

***Send a copy of request/insurance requirements if special wording is required
(i.e. "additional insured", etc.)***

Is certificate for donated services, property, etc? _____ Yes _____ No
Is Certificate Holder a Chartering Organization? _____ Yes _____ No

\$ Amount Needed _____ (if over \$1 Million, please attach a copy of the
written requirements from the certificate holder)

Additional Comments:

***Please allow at least two weeks for processing of certificate requests. All requests are
processed in the order in which they are received.***