

Central Florida Council, BSA
Phone: 407-703-0250
Fax 407-889-4406
8:30a.m. to 5:00p.m.
David.Tota@cflscouting.org

Request for Certificate of Insurance

Date of Request: _____

District / Unit type & Number participating in this event: _____

Contact Name: _____

Contact Phone: _____

Email Address: _____

Event: _____

Date of the Event: _____

Location: _____

Address: _____

City, State Zip: _____

(Require - PHYSICAL ADDRESS for the event no P.O Boxes)

Certificate holder (Complete name and address):

Has the certificate holder requested to be listed as additional insured Yes No

Additional Comments: _____

Please allow 2 weeks for processing. Thank you