

REQUEST FOR CERTIFICATE OF INSURANCE

Unit# _____

Unit Contact Person: _____

Contact Phone: _____ Fax: _____

Today's Date: _____ Date of Event: _____

Activity: _____

Location of Activity: _____

Certificate Holder (the name of the facility of the event or activity):

Address of Certificate Holder: _____

Phone# _____ Fax: _____

Special Wording Requested:

Please fill this form out in its entirety and return to:

Southern Sierra Council

2417 M Street

Bakersfield, CA 93301

P: 661-325-9036

F: 661-325-2122

Please allow One Week for processing of Certificate requests. All requests are processed in the order in which they are received!