

REQUEST FOR CERTIFICATE OF INSURANCE

Today's Date: _____

Date of Event: _____

Activity: _____

Location of Activity: _____

Certificate Holder: _____

Address of Certificate Holder: _____

Phone# _____

Fax: _____

Unit# _____

Special Wording Requested:

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

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

