



# Certificate of Insurance Request Form

*use this form when requesting proof of Girl Scouts of Western Washington's insurance*

In many cases, an [evidence-only certificate](#) is sufficient proof of general liability insurance. Please use this request form when the requesting organization requires more information.

Person Making Request: \_\_\_\_\_

Relationship to Council: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please issue a certificate to:**

Organization Name: \_\_\_\_\_ ("Certificate Holder")

Contact/Attention Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please send the certificate to the Certificate Holder via:** Email Fax Mail

**Type of activity or service provided by the organization:** \_\_\_\_\_

**Inclusive dates to be covered:** \_\_\_\_\_

**Our insurance certificates are renewed on October 1st each year. Please indicate here if a renewed certificate should be sent automatically to the certificate holder.** Yes No

**The certificate is for proof of general liability insurance unless otherwise requested. Please indicate here if a different type of insurance is needed:** \_\_\_\_\_

**Does the Certificate Holder require to be named "additional insured?"** Yes No

If yes, this is because of a Written / Verbal Agreement

(If written, include a copy of the agreement with your request. If verbal, we will assume it is with the contact person indicated above unless otherwise noted)

Other organizations to be included as additional insured other than the certificate holder (cannot be individuals): \_\_\_\_\_

**Did you [request a reciprocal certificate of insurance](#) from the Certificate Holder?** Yes No

**Submit this form and the reciprocal certificate of insurance to [insurance@girlscoutsww.org](mailto:insurance@girlscoutsww.org) for quickest delivery.**

If you choose to mail the form, please use the following address:

Girl Scouts of Western Washington  
Attn: Insurance/COI  
PO BOX 770  
DuPont WA 98327