

Girl Scouts of Northern California

Certificate of Insurance Request Form

GSUSA Sponsored Program

Fax or Mail Completed Form to your GSNorCal Area office

Council Name: **Girl Scouts of Northern California**

Name of GSNC Staff member making request: **Product Sales**

Your Name: _____

1. Please issue Certificate to: Name: _____

Attention: _____

Address: _____

City/ST/Zip: _____

2. Certificate is for proof of insurance for: () Property () Automobile (XX) General Liability

3. Type of activity: () First Order Product Delivery () Booth Sales

4. If applicable, address of property for which certificate is needed: _____

5. Inclusive dates to be covered: _____

6. Is Certificate Holder required to be named Additional Insured? () Yes or () No

7. Other Additional Insured(s): _____

8. Certificate holder must be named Additional Insured because of a:

() Verbal Agreement or () Written Agreement (attach copy)

9. Send Certificate to Certificate Holder at: () Above Address

() Fax Number: _____

() This Address: _____

10. The Certificate Holder must be named: () Loss Payee () Mortgagee

Please fax, mail or email completed form to your GSNorCal area office.