

BALTIMORE COUNTY, MARYLAND
 DEPARTMENT OF RECREATION & PARKS

4/14/2008 1:40 PM

**REQUEST FOR
 CERTIFICATE OF INSURANCE**

This request should be completed and submitted to the Chief of Recreational Services, for approval and transmittal to the Insurance Administration.

The original certificate will be forwarded by Insurance Administration to the facility requesting the insurance and a copy will be returned for file.

KEEP CERTIFICATE OF INSURANCE FOR THREE (3) YEARS

FULL NAME OF EVENT: (No abbreviations)	
TYPE OF EVENT: (Check one)	<input type="checkbox"/> Sponsored Event: (your council program) <input type="checkbox"/> Participating Event (other sponsor)
DATES AND TIMES (Please include day/s of week and exact time)	
DESCRIBE PURPOSE OF EVENT:	<input type="checkbox"/> Age Group
ADDRESS OF LOCATIONS OF EVENT: (Please include all addresses of locations if multiple)	
CERTIFICATE HOLDER (Name of person/group requesting certificate--program holding the event not the council)	
FULL ADDRESS OF CERTIFICATE HOLDER Phone #: Fax #:	
ANY CONTRACTS SIGNED FOR THIS EVENT: (If checked Yes, provide copy with this request)	<input type="checkbox"/> YES <input type="checkbox"/> NO
OUT OF STATE CERTIFICATE MUST PROVIDE: (Need copy of each submitted with request)	<input type="checkbox"/> TEAM ROSTER (to include Coaches & Volunteers) <input type="checkbox"/> ITINERARY <input type="checkbox"/> MODE OF TRANSPORTATION
CONTACT: Name of Staff Community Office Telephone # Fax #	Steve Gravelle, CSII Reisterstown 410-887-1142 410-517-2123
ORIGINATOR OF REQUEST: Name: Address: City, State, Zip: Phone and Fax Council program	and
SIGNATURE OF REQUESTOR (Staff person):	

ALL COMMERCIAL VENDORS MUST HAVE INSURANCE STATING BALTIMORE COUNTY & RECREATION COUNCIL WILL NOT BE HELD LIABLE.