



REQUEST FOR GSWPA CERTIFICATE OF INSURANCE FORM

Purpose: This form is used when an outside organization, such as a school or church, requests a copy of GSWPA's certificate of insurance.

Instructions: Complete and submit at least (3) weeks in advance. You can either:

Mail To:
GSWPA
Certificate of Insurance Request
30 Isabella St. Suite 107
Pittsburgh, PA 15212

OR

Email to:
Customer Care at customercare@gswpa.org

After we receive your form, we will send the Certificate of Insurance to the location contact using the submission method you enter below.

Troop Information				
Troop Number: _____ Service Unit: _____ Name of Certificate Requestor: _____				
Requestor's Phone Number: _____ Requestor's Email: _____				
Type of activity certificate is needed for: _____				
Date(s) of activity: _____				
Issue Certificate of Insurance To:				
Location Name: _____				
Is location at a school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: School Name: _____ School District: _____				
Address: _____				
	Street	City	State	ZIP
Location Contact Name: _____ Location Contact Phone: _____ Location Contact Email: _____				
Send Certificate to:				
<input type="checkbox"/> Email: _____ Attention To: _____				
<input type="checkbox"/> Fax: _____ Attention To: _____				
<input type="checkbox"/> Address Listed Above				
<input type="checkbox"/> Other Address: _____				
	Street	City	State	ZIP
Signature				
Requestor's Signature _____ Date _____				