



DerManouel

INSURANCE GROUP

Changing the Equation

A Division of HUB International



CERTIFICATE OF INSURANCE REQUEST

Email completed form to customercare@girlscoutscs.org

INSURED NAME: Girl Scouts Of Central California South CUSTOMER NO: GIRLSCO-01

Provide the following information for organization requesting certificate:

Certificate Holder Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____

Fax or Email Address: _____

Date of Event: _____

Location of Event: _____

Description of Event: _____

Approximate Number and Ages of Attendance: _____

What Activities Will Be Taking Place: _____

Are they requesting any of the following:

- Additional Insured
- Loss Payee
- Mortgagee

Special Instructions:

Thank you

Der Manouel Insurance Group, a Division of HUB International

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