



Request for Certificate of Insurance

Churches must request a certificate of insurance naming the American Baptist Churches of Los Angeles, Southwest and Hawaii (ABCOFLASH) as additional insured for the Young Generation Retreat, April 17-19, 2026. Please complete this form and email/fax to us.

The information below will be requested by your insurance company. Please have your insurance company email the Certificate of Insurance to **connect@abcoflash.org** or fax it to (626) 608-0380.

CHURCH INFORMATION: POLICY #: _____
CHURCH NAME: _____ CITY: _____
REQUESTED BY: _____ PHONE: _____
FAX TO US AT: _____ EMAIL AT: _____

CERTIFICATE HOLDER: **(Organization that is requiring the certificate from you)**

NAME: American Baptist Churches of Los Angeles, Southwest and Hawaii
ADDRESS: 213 North Louise Street
CITY/STATE/ZIP: Glendale, CA 91206
ATTN: Youth & Young Adult Retreat Registrar
FAX: 626-608-0380
EMAIL: connect@abcoflash.org

CERTIFICATE HOLDER TO BE NAMED AS ADDITIONAL INSURED

REASON FOR CERTIFICATE - ABCOFLASH 2023 WINTER YOUTH RETREAT

CAMP: Who is running/supervising the activities? - ABCOFLASH

EVENT DATE(S): *April 17-19, 2026*

EVENT ADDRESS: *Camp Cedar Crest-33325 Green Valley Lake Rd., Running Spring, CA 92382*

DESCRIPTION OF ACTIVITY(S) – General Sessions, small group, and outdoor Activities

NUMBER OF PEOPLE: 150-200 (total attendance) Your church - # of people _____

Signature _____ Date _____