REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLETELY

DATE: ____________________________

TO: Marcella Saunders
Phone: 508-217-4614
Email: Marcella.Saunders@Scouting.org

FROM: Contact person at Unit

Council #: 251

PHONE: Ext. Fax #:

EMAIL ADDRESS: ____________________________________________

Unit, District or Council Activity? ________________________________

Which unit or district? __________________________________________

Description of activity/event ____________________________________

Date(s) of activity ______________________________________________

If certificate is for use of facilities, describe: ______________________

** FOR ALL CUB SCOUT DAY CAMPS **

• Attach a copy of lease agreement/contract, specifically the pages that include indemnity language and insurance requirements.
• Scout executive confirmation that the camp program will be conducted in accordance with established standards as set in National Standards for BSA Local Council Accreditation of Cub Scout/Webelos Scout Day Camps, No. 13-108, and that the day camp director and program director hold current training certification through the National Camping School.

Scout Executive Initials: ____________________________

Amount Needed $______________________________

*** PLEASE ATTACH A COPY OF THE COMPLETED CONTRACT, PERMIT OR APPLICATION FROM THE CERTIFICATE HOLDER INDICATING THEIR INSURANCE REQUIREMENTS. IF THIS IS NOT INCLUDED THE CERTIFICATE CANNOT BE PROCESSED! ***

Certificate holder (Complete name and address; include email address if known):

__________________________________________________________________________

__________________________________________________________________________

Has the certificate holder requested to be listed as additional insured? □ Yes □ No

Are any fees required for services, use of property, etc.? □ Yes □ No

If so, amount being charged? ________________

If certificate is for a unit activity, is the certificate holder the chartered organization for the unit involved? □ Yes □ No

Additional comments: __________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please allow at least 2 weeks for processing of certificates to avoid delays and the possibility of not receiving your certificate in time.