

**REQUEST FOR CERTIFICATE OF INSURANCE**

(Please print legibly or type- Fields in **BOLD** must be completed or certificate cannot be issued.)

**For "Proof of Insurance" Only fill out questions 1-11 completely.**

**Date:** \_\_\_\_\_

**1. Requester Name** \_\_\_\_\_ **Email address** \_\_\_\_\_ **or**

**2. Fax** \_\_\_\_\_ **Phone** \_\_\_\_\_ **ext.** \_\_\_\_\_

**3. Unit # or District Name** \_\_\_\_\_ **Field Service Council** \_\_\_\_\_

**4. Description of activity** \_\_\_\_\_

**5. Location of Activity (name and address)** \_\_\_\_\_

**6. Date(s) of activity** \_\_\_\_\_ **If certificate is for use of facilities, describe** \_\_\_\_\_

\_\_\_\_\_

**7. Insurance amount needed \$** \_\_\_\_\_ **(if known)**

**8. Certificate Holder (name, address, city, zip) business, group, or organization to be insured** \_\_\_\_\_

\_\_\_\_\_

**9. Phone** \_\_\_\_\_ **ext.** \_\_\_\_\_ **Fax** \_\_\_\_\_ **or E-mail** \_\_\_\_\_

**10. Are any fees required for services, use of property, etc?**      **Yes**      **No**      **Amount** \_\_\_\_\_

**11. If certificate is for a unit activity, is the certificate holder the chartered organization for the unit?**      **Yes**      **No**

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**For request by business, group or organization to be "Additional Insured", complete 1-10 above and 11-12 below.**

**If over \$1 million, please attach a copy of the written requirements from the certificate holder.**

**11. Certificate holder (complete name, address, city, zip)**

\_\_\_\_\_

\_\_\_\_\_

**12. For additional insured certificates, please put in exact verbiage that is to be put on certificate here.**

\_\_\_\_\_

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Additional comments

\_\_\_\_\_

\_\_\_\_\_

**For Cub Scout Day Camps:**

a. Attach a copy of lease agreement/contract, specifically the pages that include indemnity language and insurance requirements.

b. 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 N. 13-108*, and that the day camp director and program director hold current training certification through the National Camping School.

Scout Executive Initials \_\_\_\_\_

Send to [tom.oleniacz@scouting.org](mailto:tom.oleniacz@scouting.org)

Please allow at least two weeks for processing of certificate requests.

Requests are processed in the order in which they are received.