

**Please allow 10 business days for the processing of your certificate. If coverage of more than \$1 million is requested please allow up to 3 weeks for processing as those may need to be submitted to national.**

## REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

**PLEASE FILL OUT COMPLETELY**

**DATE :** \_\_\_\_\_

**TO:** Charity Davenport-Schneff  
Phone: 313-361-1266 Fax: 313-897-9870  
Email: [charity.davenport@scouting.org](mailto:charity.davenport@scouting.org)

**FROM:** \_\_\_\_\_  
Contact person

**Council:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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Unit Type and Number \_\_\_\_\_  
District \_\_\_\_\_  
Description of activity/event \_\_\_\_\_  
Date(s) of activity \_\_\_\_\_  
Location of actual event & description of facilities used:  
\_\_\_\_\_  
\_\_\_\_\_

Limits Requested: \$ \_\_\_\_\_

**\*\*\* IF ORGANIZATION REQUESTS TO BE LISTED AS ADDITIONALLY INSURED AND/OR COVERAGE OF MORE THAN \$1 MILLION, PLEASE ATTACH A COPY OF ANY AGREEMENT, CONTRACT, PERMIT OR APPLICATION FROM THE CERTIFICATE HOLDER INDICATING THEIR INSURANCE REQUIREMENTS.\*\*\***

Certificate holder/Organization Requesting Certificate (**Complete name and address**):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If this request is for Scout meetings does it need to be set up as a renewal?  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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_