

# REQUEST FOR CERTIFICATE OF INSURANCE

PLEASE PRINT LEGIBLY OR TYPE • REVISED 2019



PLEASE FILL OUT COMPLETELY

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

TO: JACKIE VAN TRESS  
OFFICE MANAGER  
COUNCIL NUMBER 010

PHONE: 602-955-7747 EXT. 228  
EMAIL: JACKIE.VANTRESS@SCOUTING.ORG  
FAX: 602-955-0570

UNIT, DISTRICT OR COUNCIL ACTIVITY: \_\_\_\_\_

WHICH UNIT OR DISTRICT?: \_\_\_\_\_

DESCRIPTION OF ACTIVITY: \_\_\_\_\_

DATE(S) OF ACTIVITY: \_\_\_\_\_

IF CERTIFICATE IS FOR USE OF FACILITIES, DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_

## For 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 \$** \_\_\_\_\_

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

**CERTIFICATE HOLDER (Company requesting the certificate of insurance) COMPLETE NAME AND ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the certificate holder requested to be listed as additional insured?	Yes	No
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Are any fees required for services, use of property, etc?	Yes	No
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If so, how much is being charged? \_\_\_\_\_

If certificate is for a unit activity,

Is the certificate holder the chartered organization for the unit involved?	Yes	No
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Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE ALLOW AT LEAST TWO WEEKS FOR PROCESSING OF CERTIFICATE REQUESTS.  
REQUESTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED