THE STANDARD INSURANCE REQUEST MAY TAKE UP TO 5 WORKING DAYS. THE EXTRA INSURANCE REQUEST (OVER 1M) MAY TAKE UP TO 10 DAYS.

** REQUESTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED **

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLETELY		DAT	DATE SENT TO COUNCIL:	
TO:	Bev Myers – Fundraising Assi Phone: 724-837-1630 x 303 F Email: <u>mailto:Bev.Myers@sco</u>	ax: 724-832-8780		
FROM: _			Unit :	
	Contact person			
PHONE:		Ext	Fax #:	
EMAIL ADI	DRESS:			
Unit, Distric	t, or Council Activity?			
Which unit	or district?			
="	of activity/event			
Date(s) of a				
Location of	actual event & description of facilities	s used:		
		OPY OF ANY AGREEN HOLDER INDICAT HIS IS NOT INCLUDED	IENT, CONTRACT, PERMIT OR APPLICATIO ING THEIR INSURANCE REQUIREMENTS. THE CERTIFICATE CANNOT BE PROCESSI Be and address):	
Has the cer	tificate 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?			ewal?	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 of	organization for the unit involved?	Yes No No
Additional c	comments:			
" FOR AL	L CUB SCOUT DAY CAMPS **	<i>‡</i>		

- 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 camp standards, and that the day camp director and program director hold current training certification through the National Camping School. **Scout Executive Initials:**

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