

**REQUEST FOR CERTIFICATE OF INSURANCE**

(Please print legibly or type)

**PLEASE FILL OUT COMPLETELY**

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

**TO:** Bev Myers  
Phone: (724) 837-1630 x 303 Fax: (724) 832-8780  
Email: [Bev.Myers@Scouting.org](mailto:Bev.Myers@Scouting.org)

**FROM:** \_\_\_\_\_

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

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

Unit, District or Council Activity (please circle one) 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 (Organization requesting certificate - - enter complete name and address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 (i.e.: mail to, fax to, email to, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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