REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLETELY **DATE:** _____

TO: Dick Corcoran
214-302-6709/214-509-2110
dick.corcoran@scouting.org

FOR BACKUP ONLY
Kember Madsen
214-902-6707
kember.madsen@scouting.org

FROM: _____ **Council #** _____
Contact person at Council

PHONE: _____ **Ext.** _____ **Fax #:** _____

EMAIL ADDRESS: _____

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 (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_____

_____

_____

_____

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

Requests are processed in the order in which they are received