

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLETELY

DATE: _____

TO: Volunteer Services Coordinator
Fax: (916) 929 – 4461
Email: reception@gec-bsa.org

FROM: _____ **DISTRICT:** _____

UNIT: _____ **PHONE:** _____ **FAX:** _____

EMAIL ADDRESS: _____

Unit, district, or council activity _____

Which unit or district? _____

Description of activity _____

Dates of activity: _____

IF certificate is for use of facilities, please describe: _____

For **CUB SCOUT DAY CAMPS**,

Attach a copy of lease agreement/contract specifically the pages that include indemnity language and insurance reqts.

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, address, phone and fax):

Has the certificate holder requested to be listed as additional insured? _____ Specific wording (attach)? _____

Are any fees required for services, use of property, admission, etc.? _____ Amount charged? _____

If certificate is for a unit activity, is the certificate holder the chartered organization for the unit involved? _____

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

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