

THE STANDARD INSURANCE REQUEST MAY TAKE UP TO 5 WORKING 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

Date: _____

TO: **Melissa Rozecki - Office Manager**
Email: Melissa.Rozecki@scouting.org

FROM: _____

Unit #: _____

PHONE: _____ Ext. _____ Fax #: _____

EMAIL ADDRESS: _____

Unit, District. or Council Activity? _____

Which unit or district? _____

Description of activity/event _____

Date(s) of activity _____

Location of actual event/Description of facilities used:

Certificate holder/Organization Requesting Certificate (**Complete name and address**):

Has the certificate 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? 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: _____

