REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

DATE: ______________________

TO: Deanne Molenkamp - Risk Management
    Phone: 503-225-5759 Fax: 503-225-5733
    Email: deanne.molenkamp@scouting.org

FROM: ______________________  Council #: ______________________

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:
_______________________________________________________________________

Limits Requested: $ ______________________

*** PLEASE ATTACH A COPY OF ANY AGREEMENT, CONTRACT, PERMIT OR APPLICATION
FROM THE CERTIFICATE HOLDER INDICATING THEIR INSURANCE REQUIREMENTS,
RULES AND REGULATIONS. IF THIS IS NOT INCLUDED THE CERTIFICATE CANNOT BE
PROCESSED! ***

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: ______________________________________________________

_______________________________________________________________________

_______________________________________________________________________

** FOR ALL CUB SCOUT DAY CAMPS ONLY **

• 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: _______________

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