

# REQUEST FOR CERTIFICATE OF INSURANCE

*CERTIFICATE REQUEST SHOULD BE IN OFFICE AT LEAST TWO WEEKS BEFORE THE OUTING.*

TYPE OF UNIT: \_\_\_\_\_ NO. \_\_\_\_\_ DISTRICT (Circle one): AV BH CC CB RA

CONTACT PERSON IN THE UNIT: \_\_\_\_\_

Would you like to be emailed/faxed a copy?  YES  NO

Email: \_\_\_\_\_

DESCRIPTION OF ACTIVITY: (EXAMPLE: DAY USE, OVERNIGHTER, COURT OF HONOR)

\_\_\_\_\_

\_\_\_\_\_

DATES OF ACTIVITY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

CITY: \_\_\_\_\_, FACILITY CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF CERTIFICATE HOLDER AND ADDRESS: (THIS WILL BE THE NAME AND ADDRESS ON THE CERTIFICATE, BE SURE TO INCLUDE BOARD MEMBERS, AGENCIES, OR COUNTIES, IF REQUESTED. (EXAMPLE: LA COUNTY DEPT OF PARKS AND RECREATION.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS THE HOLDER REQUESTED TO BE ADDED AS ADDITIONAL INSURED:  YES  NO

TOTAL OF PEOPLE ATTENDING THIS EVENT: \_\_\_\_\_

TOTAL FEES CHARGED BY THE FACILITY: \$ \_\_\_\_\_

AMOUNT NEEDED:  1 MILLION /  2 MILLION

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- \* **1 Million Dollars:** One million dollars certificates may take up 2 weeks to be processed. The request for certificate of insurance should be emailed to [kim.burkhardt@scouting.org](mailto:kim.burkhardt@scouting.org)
  - \* **2 Million Dollars:** if a facility is requesting 2 million dollars, the request must be sent to the National Office and may take up to 3 weeks to be processed. We must also have a copy of the contract or the request from the facility requesting 2 million, to send to the National Office.