## THE STANDARD INSURANCE REQUEST MAY TAKE UP TO 5 WORKING DAYS. THE EXTRA INSURANCE REQUEST (OVER 1M) MAY TAKE UP TO 10 DAYS. \*\* <u>REQUESTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED</u> \*\*

	REQUEST FOR CERTIFICATE OF INSURANCE (Please print legibly or type)						
PLEASE	FILL OUT COMPLETELY	DATE SENT TO COUNCIL:					
ro:	Insurance Request Phone: 909-793-2463 Email : 045ciec.accounting@scouting.org						
ROM:	Unit Contact person	Phone Number:					
	ADDRESS:						
Jnit, Dis	trict, or Council Activity?				_		
	it or district?				_		
Descripti	on of activity/event				_		
Date(s) o	f activity				_		
opption							
Location	of actual event & description of facilities used:						
	-						
imits Re	equested: \$ ** PLEASE ATTACH A COPY OF ANY AGREEMI HOLDER INDICAT		N FROM T			ATE	
Limits Re	equested: \$ ** PLEASE ATTACH A COPY OF ANY AGREEMI HOLDER INDICAT	ENT, CONTRACT, PERMIT OR APPLICATION ING THEIR INSURANCE REQUIREMENTS. THE CERTIFICATE CANNOT BE PROCESSE	N FROM T			ATE	
imits Ro **	equested: \$ ** PLEASE ATTACH A COPY OF ANY AGREEMI HOLDER INDICATI <u>IF THIS IS NOT INCLUDED</u> e holder/Organization Requesting Certificate (Compl	ENT, CONTRACT, PERMIT OR APPLICATIO ING THEIR INSURANCE REQUIREMENTS. <u>THE CERTIFICATE CANNOT BE PROCESSE</u> lete name and address):	N FROM T			ATE	
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## \*\* FOR ALL CUB SCOUT DAY CAMPS \*\*

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

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