THE STANDARD INSURANCE REQUEST MAY TAKE UP TO 5 WORKING DAYS. THE EXTRA INSURANCE REQUEST (OVER 1M) MAY TAKE UP TO 10 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 SENT TO COUNCIL: | | | |
|--|--|-----------|-----------|-------------------|
| TO: Insurance Request Phone: 909-793-2463 Email: 045ciec.accounting@scouting.org | | | | |
| FROM:Unit Contact person | Phone Number: | | | |
| 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: | | | | |
| _ | | | | |
| HOLDER INDICAT | — IENT, CONTRACT, PERMIT OR APPLICATION F FING THEIR INSURANCE REQUIREMENTS. D THE CERTIFICATE CANNOT BE PROCESSED! | | HE CER | RTIFICATE |
| Certificate holder/Organization Requesting Certificate (Com | plete 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 a | 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 ** • Attach a copy of lease agreement/contract, specifically the page Scout executive confirmation that the comp program will be a | | | 4 tha ∃- | comp discoter 1 |
| Scout executive confirmation that the camp program will be c program director hold current training certification through t | | , and tha | ı ıne day | camp director and |

Scout Executive Initials: