



REQUEST FOR CERTIFICATE OF INSURANCE

Please allow at least one week to process

Your Name: _____ Date: _____

Phone # _____ Email: _____

Name of location of Facility:

Name: _____

Address: _____

Zip Code _____

Is this location your Chartered Organization? Yes No

Complete Name & Address of place requesting certificate:

Name: _____

Address: _____

Zip Code _____

Phone: _____

Has certificate holder requested to be names as Additional Insured? Yes No

DESCRIPTION OF ACTIVITY:

This information is needed for the certificate.

Type of Unit: Pack Troop Crew Post District Event Unit Number _____

District Name: Battleground Middlesex Thunderbird Twin Lights Council Event

Date(s) & Time of event: _____

Description of Activity: _____

Please send this form to Sharon Schultz Sharon.schultz@scouting.org for processing.

****All Certificates of Insurance requests MUST be accompanied by a copy of the location’s insurance requirements.** (Sometimes it is just a line in a form you sign which says you must present proof of insurance but sometimes it is more complicated, such as a request for additionally insured status. Also be careful that you do not sign anything where you agree to “hold harmless” the organization. You are not an officer of the council and your signature on a document with those words does not represent the council but puts yourself and your assets at risk. We have noticed in the last few years that many insurance requirements are changing and want to provide you with what you need right from the start. Please reach out to us with any questions.)

