

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLETELY

DATE: _____

TO: Los Padres Council Boy Scouts of America
Judie Stowe
Office (805)967-0105 Fax (805)967-5094
judie.stowe @ scouting.org

FROM: _____ Council #: _____

PHONE: _____ Ext: _____ Fax #: _____

EMAIL ADDRESS: _____

Unit, District or Council Activity (include Unit/District #): _____

Description of Activity: _____

Date(s) of Activity: _____

If certificate is for use of facilities, describe:

For Cub Scouts Day Camps:

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 standards as set in National Standards of BSA Local Council Accreditation of Cub Scouts/Webelos Scout Day Camps, No. 13-108, and that the day camp director and program director hold current training certification through the National Camping School.

Scout Executive Initials: _____

Amount needed \$ _____

If over \$1million, please attach a copy of the written requirements from the certificate holder.

Certificate Holder (Complete name and address):

Has the certificate holder requested to be listed an additional insured? 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:

Please allow at least **two weeks** for processing of certificate requests.

Requests are processed in the order in which they are received.