

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLETELY

DATE: _____

TO: **Aleta Long – Volunteer Service Supervisor**
Phone : 503.225.5755 Fax : 503.225.5733
Email: aklong@cpcbsa.org

FROM: _____ Unit # _____
Contact Person

PHONE: _____ Ext. _____ Fax #: _____

EMAIL ADDRESS: _____

Unit, district or council Activity _____

Which unit or district? _____

Description of activity _____

Date(s) of activity _____

If certificate is for use of facilities, describe:

For Cub Scout 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 for BSA Local Council Accreditation of Cub Scout/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 \$1 million, 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 as 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