

**REQUEST FOR CERTIFICATE OF INSURANCE**

(Please print legibly or type)

**PLEASE FILL OUT COMPLETELY**

**DATE:** \_\_\_\_\_

**TO:** Volunteer Services Coordinator  
Fax: (916) 929 – 4461  
Email: [reception@gec-bsa.org](mailto:reception@gec-bsa.org)

**FROM:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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Unit, district, or council activity \_\_\_\_\_

Which unit or district? \_\_\_\_\_

Description of activity \_\_\_\_\_

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Dates of activity \_\_\_\_\_

IF certificate is for use of facilities, please describe:

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For **CUB SCOUT DAY CAMPS**,

**Attach a copy of lease agreement/contract specifically the pages that include indemnity language and insurance reqts.**

**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, address, phone and fax):**

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Has the certificate holder requested to be listed as additional insured? \_\_\_\_\_ Specific wording (attach)? \_\_\_\_\_

Are any fees required for services, use of property, admission, etc.? \_\_\_\_\_ Amount charged? \_\_\_\_\_

If certificate is for a unit activity, is the certificate holder the chartered organization for the unit involved? \_\_\_\_\_

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

***Requests are processed in the order in which they are received!***