



CRATER LAKE COUNCIL BOY SCOUTS OF AMERICA

REQUEST FOR PROOF OF INSURANCE

UNIT INFORMATION

Unit: _____ District: _____
Unit Leader: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

ACTIVITY

Description: _____
Day/Date: _____
Location: _____
Address: _____
City: _____ State: _____ Zip Code: _____

CERTIFICATE HOLDER

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Amount of Insurance Requested: \$ _____

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

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: _____

How do you want this sent? Mailed to Certificate Holder? Faxed to Certificate Holder? _____

Attention: _____

Requested By: _____