



**BOY SCOUTS OF AMERICA®**  
**CRATER LAKE COUNCIL**

# Request for Certificate of Liability Insurance

**Must be submitted 2 weeks prior to your event!**

## UNIT/DISTRICT INFORMATION

Unit: \_\_\_\_\_ District: \_\_\_\_\_

Unit Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ACTIVITY

Description: \_\_\_\_\_

Day/Date: \_\_\_\_\_

Location: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CERTIFICATE HOLDER *(Property Owner - business, school, church, etc)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Or just need proof of insurance? YES NO

Are any fees required for services, use of property, etc? YES NO

If so, amount being charged? \_\_\_\_\_ Is this fee discounted for non-profit? YES NO

If the certificate is for a unit activity, is the certificate holder the chartered organization for the unit involved? YES NO

If the event is a fundraiser, has the unit submitted the *Unit Money Earning Application*? YES NO

Additional comments:

Please circle how you want this sent to you: MAIL EMAIL FAX

Send to: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

District or Council approval: \_\_\_\_\_