

THE STANDARD INSURANCE REQUEST MAY TAKE UP TO 5 WORKING DAYS. THE EXTRA INSURANCE REQUEST (OVER 1M) MAY TAKE UP TO 10 DAYS.

**** REQUESTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED ****

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLETELY

DATE SENT: _____

SUBMIT TO: *Nicola Varela*
Phone: 714.546.8558 x.164 Fax: 714.546.0415
Email: COI@ocbsa.org

FROM: _____

PHONE: _____ Ext. _____ Fax #: _____

EMAIL ADDRESS: _____

Unit, District or Council Activity? _____

Which unit or district? _____

Description of activity/event _____

Date(s) of activity _____

Location of actual event & description of facilities used: _____

Limits Requested: \$ _____

***** PLEASE ATTACH A COPY OF ANY AGREEMENT, CONTRACT, PERMIT OR APPLICATION FROM THE CERTIFICATE HOLDER INDICATING THEIR INSURANCE REQUIREMENTS. IF THIS IS NOT INCLUDED THE CERTIFICATE CANNOT BE PROCESSED! *****

Certificate holder/Organization Requesting Certificate (**Complete name and address**):

Has the certificate holder requested to be listed as additional insured? Yes No

If this request is for Scout meetings does it need to be set up as a renewal? 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: _____

**** FOR ALL 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: _____