

Boy Scouts of America  
Greater Niagara Frontier Council

## REQUEST FOR CERTIFICATE OF INSURANCE

Please allow no less than 2 weeks for processing of certificate requests.  
Please submit request to [Sara.Falsone@Scouting.org](mailto:Sara.Falsone@Scouting.org) or fax (716) 891-4008

### PLEASE FILL OUT COMPLETELY

Type of Unit \_\_\_\_\_ Unit No. \_\_\_\_\_ District \_\_\_\_\_

Person requesting certificate: Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

Is this a Unit, District or Council Activity? \_\_\_\_\_

**Description of activity:** \_\_\_\_\_

\_\_\_\_\_

**Dates of activity(s)** \_\_\_\_\_ **Times of activity(s)** \_\_\_\_\_

If certificate is for use of facilities, please describe \_\_\_\_\_

\_\_\_\_\_

**Amount Needed \$** \_\_\_\_\_

Please attach a copy of the written requirements from the certificate holder.

**Certificate Holder complete name and address: (Organization asking for the Proof of Insurance)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Are any fees required for service, use of property, etc?  Yes  No

If yes, Amount being charged? \$ \_\_\_\_\_

If certificate is for a Unit activity, is the certificate holder the chartered organization for the Unit involved?

Yes  No

**Where do you want the Certificate sent?**

**e-mail address:** \_\_\_\_\_

**fax number:** \_\_\_\_\_

**Requests are processed in the order in which they are received and MUST be submitted at least 2 weeks in advance.**