

**Boy Scouts of America
Greater Niagara Frontier Council**

REQUEST FOR CERTIFICATE OF INSURANCE

Please allow no less than 2 weeks (14 Business Days) for processing of certificate requests.

Please submit request to Bob.Blatz@Scouting.org.

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 (\$1 Million is the Standard) \$ _____

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 (14 Business Days) in advance.