

Western New York Scout Council, BSA

REQUEST FOR CERTIFICATE OF INSURANCE

Please allow 10 Business Days for processing of certificate requests.

Please submit request to Kim Fluker Kim.Fluker@Scouting.org

PLEASE FILL OUT COMPLETELY

Type of Unit _____ Unit No. _____ District _____

Charter Organization Name: _____

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? \$ _____

Where do you want the Certificate sent?

Person Name: _____

Email address: _____

We do not issue Certificates to Charter Organization, and for Eagle Projects. Requests are processed in the order in which they are received and MUST be submitted at least 2 weeks (10 Business Days) in advance of the event.