

**THE STANDARD INSURANCE REQUEST MAY TAKE 3-5 WORKING DAYS.
THE EXTRA INSURANCE REQUEST (2m POLICY) MAY TAKE UP TO 10 DAYS TO COMPLETE.
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: _____

NAME: _____ PHONE # _____

ADDRESS: _____

EMAIL: _____

TO: **Darla D. Duarte**
San Gabriel Valley Council, Boy Scouts of America
3450 E. Sierra Madre Blvd., Pasadena, CA 91107
Phone: 626.351.8815 x 242 Fax: 626.351.5049
Email: darla.duarte@scouting.org

Unit, district or Council Activity: _____

Which unit / district? _____

Description of activity: _____

Date(s) of activity _____

If certificate is for use of facilities, describe: _____

For 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 _____

Amount Needed \$ _____

*****PLEASE ATTACH A COPY OF THE COMPLETED CONTRACT, PERMIT OR APPLICATION
FROM THE FACILITY WHICH INCLUDE THEIR INSURANCE REQUIREMENTS.
IF THIS IS NOT INCLUDED THE CERTIFICATE CANNOT BE DONE.**

Certificate holder (Complete name and address):

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

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

If so, how much is being charged? _____

If certificate is for a unit activity,
is the certificate holder the chartered organization for the unit involved? Yes No

Additional comments _____

