

### Request for Certificate of Insurance

Today's Date: \_\_\_\_\_

Unit, Community: \_\_\_\_\_  
(Troop, Pack Crew, etc.) (City, town)

Dates of Activity: \_\_\_\_\_

Description of Activity: \_\_\_\_\_  
(camping, hiking, swimming, popcorn sale, scout meetings, etc.)

What facilities will be used: \_\_\_\_\_  
(meeting room, outside grounds, pool, etc.)

Is a fee being charged \_\_\_\_\_ If yes, how much: \$ \_\_\_\_\_  
for use of facility: (No) (Yes)

Is certificate holder your chartering organization: \_\_\_\_\_  
(If yes, you do not need a certificate) (yes) (no)

Amount of insurance requested: \$ \_\_\_\_\_

Is special wording required (i.e. "additional insured"): \_\_\_\_\_

Certificate Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_  
(certificate holder's name) (certificate holder's phone #)

Where do you want certificate to be sent: \_\_\_\_\_  
(mail or fax to you or to certificate holder, etc.)

Your name: \_\_\_\_\_ Your position in Scouting: \_\_\_\_\_

Address: \_\_\_\_\_  
(only necessary if we are mailing to you)

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Please return form to: Cape Cod and Islands Council  
247 Willow Street  
Yarmouthport, MA 02675

Fax: 508.362.4323