REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLETELY

DATE SENT TO Rip Van Winkle:

TO: Dana Kuhns, Scout Executive RVW
Phone: 845-339-0846 Fax: 845-339-1168
Email: dana.kuhns@scouting.org

FORM to be used from March 1, 2015 forward.

FROM: ____________________________________________
Contact person at Unit

Unit #: ____________________________________________

PHONE: ___________________________ Ext. ________ Fax #: ___________________________

EMAIL ADDRESS: ________________________________________________________________

Unit, District or Council Activity?

Which unit or district?

Description of activity/event

Date(s) of activity

Location of actual event & description of facilities used:

Limits Requested: $ ____________________________

[ ] Form attached

[ ] No form required

** PLEASE ATTACH A COPY OF ANY AGREEMENT, CONTRACT, PERMIT OR APPLICATION FROM THE CERTIFICATE HOLDER INDICATING THEIR INSURANCE REQUIREMENTS. IF THIS IS NOT INCLUDED THE CERTIFICATE CANNOT BE PROCESSED! **

Certificate holder/Organization Requesting Certificate (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, Amount being charged? ____________________________

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

Additional comments:

______________________________________________________________________________
______________________________________________________________________________

Please allow at least 2 weeks for processing of certificates to avoid delays and the possibility of not receiving your certificate in time.