



CERTIFICATE OF INSURANCE REQUEST-effective 08/01/2022

REQUESTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED. PLEASE ALLOW AT LEAST TWO WEEKS FOR PROCESSING

Requester's Name: _____ Date: _____

Phone #: _____ Email: _____

Name of Property Holder requesting the Certificate of Insurance:

Name: _____

Address: _____

Zip Code: _____

Email: _____

Is this location your Chartered Organization? No: _____ Yes: _____

A copy of the certificate of insurance will be emailed to the location listed above if an email address is provided.

**All Certificates of Insurance requests MUST be accompanied by copies of all agreements, applications, waivers, contracts and forms required by the certificate holder.

Be careful that you do not sign any forms that require you to agree to "hold harmless" or indemnify the organization. You are not an officer of Patriots' Path Council and your signature on a document with those words does not represent the PPC or the BSA but it does put you and your assets at risk. Please reach out to us with any questions.

DESCRIPTION OF ACTIVITY: This information is needed for the certificate.

Type of Activity: Unit District Council Other

Type of Unit: Pack Troop Crew Post Unit Number: _____

District Name: Fishawack Pioneer Raritan Valley Skylands

Description of Activity: _____

Date(s) of Activity: _____

Actual location or place of activity including address: _____

Are you being charged a fee by this location? No: _____ Yes: _____ Amount charged: _____

Please send all COI requests to Mike Wellech at Mike.Wellech@scouting.org, allow a minimum of 2 weeks for processing, some requests may take longer.