



CERTIFICATE OF INSURANCE REQUEST-effective 11/1/2017

(PLEASE ALLOW AT LEAST TWO WEEKS FOR PROCESSING)

** REQUESTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED **

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 above location if an email address is provided.

**All Certificates of Insurance requests MUST be accompanied by a copy of the location's insurance requirements and copies of all agreements, applications, waivers, contracts and forms required by the certificate holder.

Be careful that you do not sign anything where you agree to "hold harmless" or indemnify the organization. You are not an officer of the council and your signature on a document with those words does not represent the council but puts yourself 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 Number: _____

District Name: Black River Fishawack Munsee Raritan Valley Sussex Watchung Mountain

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 Brenda Sonzogni at Brenda.Sonzogni@scouting.org, allow a minimum of 2 weeks for processing, some requests may take longer.