



CERTIFICATE OF INSURANCE REQUEST-effective 8/1/16

(PLEASE ALLOW AT LEAST TWO WEEKS FOR PROCESSING)

Requester's Name: _____ Date: _____

Phone # _____ Email: _____

Name of location 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 automatically be emailed to the above location as long as an email address was provided.

**All Certificates of Insurance requests MUST be accompanied by a copy of the location's insurance requirements. (Sometimes it is just a line in a form you sign which says you must present proof of insurance but sometimes it is more complicated, such as a request for additionally insured status. Also be careful that you do not sign anything where you agree to "hold harmless" 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. We have noticed in the last few years that many insurance requirements are changing and want to provide you with what you need right from the start. Please reach out to us with any questions.)

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

Type of Unit: Pack Troop Crew Post Number _____

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

Type of event District Event: _____

& description: Unit Weekly Meetings: _____

Unit Event: _____

Other: _____

Date(s) of event: _____

Location or place of event: _____

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 2 weeks for processing.