



BOY SCOUTS OF AMERICA®
LONGHOUSE COUNCIL

Certificate of Insurance Request Form

Unit Type: **Pack Troop Crew/Ship Post** Unit # _____

Charter Organization _____

Has your Charter Organization Approved this Event: **YES** **NO**

Event Leader _____ Unit Position _____

Name and Address of the Official Entity/Organization with Ownership of the Location

Attach a copy of any contract, permit, or application from the organization indicating their insurance requirements.

Activity Specifics:

Date of Event _____ Time(s) of Event _____

Location of Event _____

Facilities in Use _____

Fee(s) the Unit will be charged _____ Fee(s) the Unit will charge participants _____

Is this a Fundraising Event: **YES** **NO**

If yes, a unit money earning application must accompany the request. (See website for application)

Is this an Overnight Event: **YES** **NO**

If yes, what is your plan to review Youth Protection Standards pertaining to overnight activities with all participants?

Will other units be invited to attend: **YES** **NO**

If yes, has the District/Council NCAP Supervisor been notified?

Will any Shooting Sports, Aquatic, COPE/Climbing Activities be offered: **YES** **NO**

If yes, please provide Names and certificates of supervising individuals.

After a review and approval of your request a Certificate of insurance verifying \$1,000,000 coverage for the unit and registered volunteers will be provided by email within approximately two weeks.

Requests of higher coverage amounts or additionally insured, please contact the council office.