

# Scouting America™

## Longhouse Council

### Certificate of Insurance Request Form

Unit Type: (ex. Pack, Troop, 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 \_\_\_\_\_

Description of Event \_\_\_\_\_

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? YES \_\_\_ NO \_\_\_

Who was 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.