

CERTIFICATE REQUEST SHOULD BE IN OFFICE AT LEAST **TWO WEEKS BEFORE THE OUTING.**

REQUEST FOR CERTIFICATE OF INSURANCE

Please Fill Out Completely

Date sent to Council: _____

To: Customer Service

Phone: 787-790-0323

Email: arelys.vargas@scouting.org

Sent to email: _____

District or Unit: _____ NO. _____

DISTRICT _____ Date Event/Activity _____

Description of Activity/Event: _____

Location and Description of facilities used:

Limits requested: _____

*****PLEASE ATTACH A COPY OF ANY AGREEMENT, CONTRACT, PERMIT OR APPLICATION FROM THE CERTIFICATE HOLDER INDICATING THEIR INSURANCE REQUIREMENTS, RULES AND REGULATIONS. IF THIS NOT INCLUDED THE CERTIFICATE CANNOT BE PROCESSED! *****

Certificate holder/Organization Requesting Certificate (Complete name and address)

Has the certificate holder requested to be listed as additional insured? YES NO

Will you need the Hold Harmless and Indemnify Agreement? YES NO

If this request is for Scout meetings, does it need to be set up as a renewal? YES NO

Are any fees required for services, use of property, etc.? YES NO

If so, Amount being charged? _____

If the certificate is for a unit activity, is the certificate holder the chartered organization for the unit involved?

YES NO

Additional Comments _____

