Cape Cod and Islands Council

Boy Scouts of America

Request for Certificate of Insurance

Today's Date: _____

Unit, Community: _____
(Troop, Pack Crew, etc.) (City, town)

Dates of Activity: _____

Description of Activity: _____
(camping, hiking, swimming, popcorn sale, scout meetings, etc.)

_____

What facilities will be used: _____
(meeting room, outside grounds, pool, etc.)

Is a fee being charged for use of facility: _____ (No) _____ (Yes) If yes, how much: $_____

Is certificate holder your chartering organization: _____ (yes) _____ (no)
(If yes, you do not need a certificate)

Amount of insurance requested: $_____

Is special wording required (i.e. "additional insured"): _____

Certificate Holder's Name: _____

Address: _____

_____

Contact Person: _____ Phone # _____
(certificate holder's name) (certificate holder's phone #)

Where do you want certificate to be sent: _____
(mail or fax to you or to certificate holder, etc.)

Your name: _____ Your position in Scouting: _____

Address: _____
(only necessary if we are mailing to you)

_____

Phone #: _____ Work #: _____

Please return form t: Cape Cod and Islands Council
247 Willow Street
Yarmouthport, MA 02675

Fax: 508.362.4323

9/18/03