## REQUEST FOR CERTIFICATE OF INSURANCE

Please fill out completely. Then fax or email to the council office. For your convenience, this form can be filled out and saved to your computer.

| Date: Unit:  |            |
|--|------------|
| Contact Person:  |            |
| Phone: Email Address:  |            |
| Activity Description:  |            |
| Activity Dates:  |            |
| If certificate is for use of facilities, describe:   |            |
| Amount Needed: (If over \$1 million, please attach a copy of the written requirements from the Cert  |            |
| Certificate Holder/Organization:   |            |
| Contact Person:  |            |
| Address:   |            |
| Phone: Fax:  |            |
| Email:   |            |
| Has the certificate holder requested to be listed as additional insured?   | ☐ Yes ☐ No |
| Are any fees required for services, use of property, etc?  | ☐ Yes ☐ No |
| If so, Amount Being Charged?   |            |
| Has the certificate holder requested completion of a hold harmless agreement or contract?  Please Note: If yes, all paperwork must come to Council for approval.  The Scout Executive approves and signs all hold harmless or contracts. | ☐ Yes ☐ No |
| If certificate is for a unit activity, is the certificate holder the chartered organization sponsor?   | ☐ Yes ☐ No |
| Our unit has completed an online tour permit (If applicable)?  | ☐ Yes ☐ No |
| If this is for a fundraiser, our unit has filed a unit money earning application?  If no, a certificate of insurance cannot be completed at this time.   | ☐ Yes ☐ No |

Questions? Contact Samoset Council at 715-355-1450 or <a href="mailto:support@samoset.org">support@samoset.org</a>.

PLEASE ALLOW AT LEAST TWO WEEKS FOR PROCESSING CERTIFICATE REQUESTS.

FAX TO: 715-355-9849