

Minsi Trails Council      Certificate of Insurance Request      Boy Scouts of America

\*Please note there is a minimum two week turn-around for requests required by the BSA National Office.

If the request is less than two weeks, Minsi Trails Council staff will try to accommodate as best as we can. Revisions by the national office may also be required, therefore to ensure a timely issuance, please allow enough time for questions, revisions and responses.

Please remit information to Noreen Davis at [Ashley.Leeper@scouting.org](mailto:Ashley.Leeper@scouting.org) and Carbon Copy your District Executive.

Date of request: \_\_\_\_\_

District or Committee name: \_\_\_\_\_ Pack or Troop or Crew: \_\_\_\_\_ Unit #: \_\_\_\_\_

Unit contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Activity contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Date/time of activity: \_\_\_\_\_

Type of activity (Please be specific): \_\_\_\_\_

Requestor information (Name of property owner or location requesting documents from you)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Facility of use address (if different): \_\_\_\_\_

Area of use (Please be specific, ie: parking lot, classroom, gymnasium, kitchen etc.): \_\_\_\_\_

What is the property owner requesting? **(PLEASE CHECK/COMPLETE ALL THAT APPLY.)**

**Section 1**

Proof of Insurance     Certificate of Insurance (COI)     \$1,000,000 Gen. Liability (higher amounts see Sec.2)

Named Additionally Insured: \_\_\_\_\_

Address: \_\_\_\_\_

COI with greater than \$1M Gen. Liability: Specify \$: \_\_\_\_\_ and Requirements: \_\_\_\_\_

A minimum per occurrence                       Agreement to Indemnify or Hold Harmless (can only be approved by SE)

Other (specify): \_\_\_\_\_

**Section 2** Note: All documents related to facility use must be attached.

Is there an application for use of the facility? \_\_\_\_\_ if yes, please forward a copy.

Is there a fee for use? \_\_\_\_\_ If so, how many scouts are participating? \_\_\_\_\_

If this is for a meeting, is this a weekly unit meeting? \_\_\_\_\_

If yes, will this request be renewed next year? \_\_\_\_\_

If yes, is the requestor of proof of insurance your charter organization? \_\_\_\_\_

Is there a written agreement or contract? \_\_\_\_\_ if yes, please attach a copy of all documents.