

## REQUEST FOR CERTIFICATE OF LIABILITY INSURANCE

(Please print legibly or type)

**PLEASE FILL OUT COMPLETELY**

DATE: \_\_\_\_\_

**TO:** Anna Marie Pepper - Registrar  
Phone: 215-348-7205 x306  
Email: [annamarie.pepper@scouting.org](mailto:annamarie.pepper@scouting.org)

**FROM:** \_\_\_\_\_ **Unit Type and Number:#** \_\_\_\_\_  
Contact person

**PHONE:** \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Unit or District activity \_\_\_\_\_

Description of activity \_\_\_\_\_

Date(s) of activity \_\_\_\_\_

If certificate is for use of facilities, describe:  
\_\_\_\_\_  
\_\_\_\_\_

Amount Needed \$ \_\_\_\_\_

**If over \$1 million, please attach a copy of the written requirements from the certificate holder.**

Certificate holder (Complete name and address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

If certificate is for a unit activity, is the certificate holder the chartered organization for the unit involved?  Yes  No

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Certificate Holder requires specific wording, attach a copy of the requirements. Please allow at least three days for processing of certificate requests. **Requests are processed in the order in which they are received**