REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

PLEASE FILL OUT COMPLETELY

DATE SENT TO COUNCIL: __________________________

TO: Seneca Waterways Council - Camping and Program Support
2320 Brighton Henrietta Town Line Rd
Rochester, NY 14623
Phone: 585-241-8545 Fax: 585-256-8533
Email: coi@senecawaterways.org

FROM: ____________________________ Unit: _______ District: __________

Individual requesting the form

PHONE: ____________________________ Ext. _______ Fax #: ____________________________

EMAIL ADDRESS: ____________________________

____________________________________________________

Unit, District or Council Activity? ______________________________________________________________________________________

Which unit or district? ______________________________________________________________________________________

Description of activity/event ______________________________________________________________________________________

Date(s) of activity ______________________________________________________________________________________

Location of actual event & 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. IF THIS IS 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

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

Additional comments: ______________________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please allow at least 2 weeks for processing of certificates to avoid delays and the possibility of not receiving your certificate in time.