

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

REQUEST FOR CERTIFICATE OF LIABILITY INSURANCE

SEND TO: Liability Insurance Administrator
insrequest@ncacbsa.org

DATE: _____

FROM: _____

PHONE: _____ EMAIL: _____

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: _____

If this is a fundraising event, is there a Unit Money Earning Application on file? Yes No

Limits Requested: \$ _____

**For coverage over \$1 mil, a copy of any agreement, contract, permit or application from the Certificate Holder
indicating their insurance requirements, rules and regulations must be attached.**

Certificate Holder/Organization Requesting Certificate: (Complete name and address):

Is the Certificate Holder the chartered organization for the unit involved? Yes No

Additional Comments:

****FOR ALL CUB SCOUT DAY CAMPS****

Attach a copy of lease agreement/contract, specifically the pages that include indemnity language
and insurance requirements.