



NORTHERN STAR SCOUTING

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

TO: Kris Burbank
612-261-2450 Direct Line; 612-261-2499 Fax
kburbank@northernstar.org

FROM: _____ **DISTRICT:** _____

TODAY'S DATE: _____

Unit, District or Council activity: _____

Which Unit or District?: _____

Description of activity: _____

Date(s) of activity: _____

If certificate is for use of facilities, describe: _____

Certificate Holder (Organization requesting to be listed as additional insured on the Certificate of Insurance):
(Complete address)

Mail to Certificate Holder: yes no

Email to Certificate Holder: yes no If yes, Email address: _____

Enclose a copy of requested insurance requirements if special wording is required
(i.g., "additional insured," etc.)

Is certificate for donated services, property, etc.: yes no

If certificate holder is a Chartered Organization an additional Certificate of Insurance is not necessary. BSA councils are all afforded the same general liability insurance coverage.

Certificate dollar amount requested: \$_____ (if more than \$1 million, please attach a copy of the written requirements from the certificate holder)

Additional comments: See attached contract from organization for details. _____

Please allow a minimum of two days for processing of \$1,000,000 certificates, and two weeks for processing other special requirement certificates.