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# Theodore Roosevelt Council, B.S.A.

As units plan activities and reserve facilities the owner of the facility may request proof of liability insurance. This is called a certificate of Insurance. A \$1 million certificate can be prepared at the Service Center. If a \$2 million certificate is required then in addition to this form a written request must accompany this form. \$2 million Certificates are processed by the National Office and require more time to be returned. ALL Blanks on this form must be completed. Be sure to ask the owner of the facility EXACTLY how they want their name to appear on the Certificate. In addition, if they are requesting specific wording on the Certificate please be sure to include that. **YOUR CHARTERED ORGANIZATION DOES NOT NEED A CERTIFICATE OF INSURANCE AS THEY ARE AUTOMATICALLY COVERED UNDER THEIR CHARTER AGREEMENT. Please allow 7-14 days to process a \$1 million request and 6-8 weeks for a \$2 million request.**

1. Unit Requesting: Pack # \_\_\_\_\_ Troop # \_\_\_\_\_ Crew # \_\_\_\_\_ Post # \_\_\_\_\_

Chartered Organization Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Person Making Request \_\_\_\_\_

Position in Unit \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ e-mail address \_\_\_\_\_

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

3. Organization (owner) requesting Proof of Insurance. (Certificate Holder)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Description of activity or event. Be specific.

Date. \_\_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_ # Youth \_\_\_\_\_ # Adult \_\_\_\_\_

Event: \_\_\_\_\_ Place: \_\_\_\_\_

*Trustworthy, Loyal, Helpful, Friendly, Courteous, Kind, Obedient, Cheerful, Thrifty, Brave, Clean, Reverent*