THE STANDARD INSURANCE REQUEST MAY TAKE UP TO 5 WORKING DAYS. THE EXTRA INSURANCE REQUEST (OVER 1M) MAY TAKE UP TO 10 DAYS.

** REQUESTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED **

REQUEST FOR CERTIFICATE OF INSURANCE

(Please print legibly or type)

<u>PLEASE</u>	FILL OUT COMPLETELY DATE SENT TO CAM	PING REGISTRAR:		
TO:	Jane Narvaez Phone: 817-231-8537 Fax: 817-231-8600 Email: <u>camping@longhorn.org</u>			
FROM:		DISTRICT & UNIT:		
	Contact person at Council			
PHON	E NUMBER:			
EMAII	L ADDRESS:			
Unit, Dis	trict or Council Activity?			
Which ur	nit or district?			
Descripti	on of activity/event			
Date(s) &	Time (s) of activity			
Location	of actual event & description of facilities used:			
Scout	ation through the National Camping School. Executive Initials: Equested: \$ *** PLEASE ATTACH A COPY OF ANY AGREEMENT, OF THE CERTIFICATE HOLDER INDICATING TO SET THIS IS NOT INCLUDED THE CERTIFICATE	HEIR INSURANCE REQUIRE	MENTS.]
Certificat	e holder/Organization Requesting Certificate (Complete name and address	ss):		
	ertificate holder requested to be listed as additional insured?		Yes	□ No
	quest is for Scout meetings does it need to be set up as a renewal?		☐ Yes	□ No
_	ees required for services, use of property, etc?		∐ Yes	∐ No
	o, Amount being charged?	for the unit involved?	□ Vaa	□ No
11 ceruiic	ate is for a unit activity, is the certificate holder the chartered organization	tor the unit involved?	∐ Yes	∐ No
Additiona	al comments:			