

Insurance Form

Troops and Crews will need to furnish the name of the insurance company and policy number for accident coverage.

Due Date
At Check-In
Return to
Administration at
Check-in

Unit Number
Council
Week of Camp
Campsite

Health Specialty Risk Insurance

Fill in the following information if your Troop is covered under Health Specialty Risk Insurance.

Troop _____	Council Name _____
Scoutmaster Name _____	Street Address _____
Street Address _____	City, State ZIP _____
City, State ZIP _____	Council Phone _____
Home Phone _____	Council Fax _____
Work Phone _____	POLICY # _____

Other Troop Insurance

Fill in the following information if your Troop is covered by another Insurer.

Troop _____	Insurance Provider _____
Scoutmaster Name _____	Street Address _____
Street Address _____	City, State ZIP _____
City, State ZIP _____	Provider Phone _____
Home Phone _____	Provider Fax _____
Work Phone _____	POLICY # _____
	EXPIRATION DATE _____