

Order of the Arrow Section Conclave Insurance Certificate

Section leaders will send a copy of this form to each lodge in the section prior to conclave.

Section:SR-8	Conclave Dates:	Location:
Lodge:		Council:
This is to certify that our council carries year-round, council-wide sickness and accident insurance that will cover all/some of the conclave participants from this council as shown below.		
Insurance Co.:		Policy #
Summary of Coverage: (or attach detailed information)		
Policy Effective Dates: From _____ To _____		
Are:	Yes	No
All Adults Covered?	<input type="checkbox"/>	<input type="checkbox"/>
All Youth Covered?	<input type="checkbox"/>	<input type="checkbox"/>
		Claims are handled by:

		from Council Staff Phone
<p><i>NOTE: Claim forms and instructions for the policy described above <u>must</u> be brought to the health office at the conclave.</i></p>		
Certified by:		
_____		_____
Scout Executive		Date
<p><u>Lodge Adviser:</u> Bring this form to the conclave and turn in at registration. <u>Section:</u> Attach this form to the "Insurance Payment Transmittal" form and forward to the Southern Region Office.</p>		