

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:	<table style="border: none; width: 100%;"> <tr> <td style="text-align: center; padding: 0 10px;"><u>Yes</u></td> <td style="text-align: center; padding: 0 10px;"><u>No</u></td> </tr> <tr> <td style="text-align: center;">All Adults Covered?</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">All Youth Covered?</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<u>Yes</u>	<u>No</u>	All Adults Covered?	<input type="checkbox"/>	All Youth Covered?	<input type="checkbox"/>	Claims are handled by: _____ from Council Staff Phone
<u>Yes</u>	<u>No</u>							
All Adults Covered?	<input type="checkbox"/>							
All Youth Covered?	<input type="checkbox"/>							
<i>NOTE: Claim forms and instructions for the policy described above <u>must</u> be brought to the health office at the conclave.</i>								
Certified by:								
_____		_____						
Scout Executive		Date						
<i>Lodge Adviser:</i> Bring this form to the conclave and turn in at registration. <i>Conclave Host Council:</i> Attach this form to the "Insurance Payment Transmittal" form and forward to the Southern Region Office.								