

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: 1A	Conclave Dates: April 16-18, 2010	Location: Salmen Scout Reservation												
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="margin-left: 20px; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> <td></td> </tr> <tr> <td>All Adults Covered?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>All Youth Covered?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table> Claims are handled by: _____ _____ from Council Staff _____ Phone # _____				<u>Yes</u>	<u>No</u>		All Adults Covered?	<input type="checkbox"/>	<input type="checkbox"/>		All Youth Covered?	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Yes</u>	<u>No</u>												
All Adults Covered?	<input type="checkbox"/>	<input type="checkbox"/>												
All Youth Covered?	<input type="checkbox"/>	<input type="checkbox"/>												
<i>NOTE: Claim forms and instructions for the policy described above must be brought to the health office at the conclave.</i>														
Certified by:														
_____ Scout Executive		_____ Date												
<i>Lodge Adviser:</i> Please provide this form to the Section Adviser (adviser@oa-sr1a.org) prior to or at Conclave.														

