



Request for Certificate of Coverage

(Named as additional insured/loss payee only)

Requesting District Contact Information

Name	<input type="text"/>	Tel. No.	<input type="text"/>
Title	<input type="text"/>	Fax No.	<input type="text"/>
District	<input type="text"/>	Email	<input type="text"/>
School (if applicable)	<input type="text"/>		

Entity Information (as will be listed as Certificate Holder)

A party asking to be named as additional insured has to have such request embedded in the form of a written agreement and sent with this request. Otherwise, use the generic cert. of coverage. on the website..

Name	<input type="text"/>
Additional Parties (as noted in contract)	<input type="text"/>
Attention to:	<input type="text"/>
Address	<input type="text"/>
City, State, Zip	<input type="text"/>
Email and/or Fax No.	<input type="text"/>

Is this a recurring event for which renewal is required? Yes No

Description of Operations/Event/Location/Vehicles/Lease/etc.

Enter desired language
(maximum 300 characters)

Event requests should be sent at least two weeks prior to event date. Please advise if your request requires immediate action for time-sensitive items and your request can be expedited.