

# Certificate of Insurance Request

Sonoma County Office of Education

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## Complete and forward to Business Services

Agency requiring the certificate \_\_\_\_\_

Agency address \_\_\_\_\_

Contact person \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

How should the certificate be submitted to this agency?  Mail  Fax

Does the agency want to be named as an additional insured?  No  Yes

Are there special endorsement or wording requirements?  No  Yes (attach copy)

Is this request for a new or reissued certificate?  New  Reissue

Describe the event/activity to be covered (be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is the person responsible for the event/activity? \_\_\_\_\_

Date(s) of the event/activity \_\_\_\_\_ Hours of operation \_\_\_\_\_

Will students be present?  Yes  No

Who will provide supervision?

\_\_\_\_\_  
\_\_\_\_\_

Additional information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Attach a copy of the event/activity contract or agreement

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

How should your copy of the certificate be sent to you?  Mail  Fax

## Approvals

Department Director \_\_\_\_\_ Date \_\_\_\_\_

Deputy Superintendent \_\_\_\_\_ Date \_\_\_\_\_

## For Business Services use only