



# CERTIFICATE OF INSURANCE REQUEST

*Requests must be submitted 10 business days prior to event*

School Site: \_\_\_\_\_ Date Requested: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Event _____	Date(s) of Event: _____
Purpose of Event: _____ _____ _____	

Audience:  
 Anticipated Attendance Per Day (spectators, participants and guests): \_\_\_\_\_ Audience Age Group: \_\_\_\_\_ to \_\_\_\_\_  
Number Minimum age Maximum age

Date(s) of Event: \_\_\_\_\_ Duration: \_\_\_\_\_  
am / pm to am / pm  
Start and End Times

*Event Facility Information:*

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ *Is there a written agreement/application for use of this facility? Yes  No*   
*If yes please attach a copy of the document to this request*

*Event Facility Information:*

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ *Is there a written agreement/application for use of this facility? Yes  No*   
*If yes please attach a copy of the document to this request*

*Event Facility Information:*

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ *Is there a written agreement/application for use of this facility? Yes  No*   
*If yes please attach a copy of the document to this request*

*Please complete this section for SPECIAL EVENTS COVERAGE which may be required at the District's or School's expense.*

Bounce House     Dunk Tank     Vendors     Other (identify): \_\_\_\_\_

Event Admission Fees?  Yes /  No If yes, what is the fee charged per person? \$ \_\_\_\_\_ Estimated Gross Revenues: \$ \_\_\_\_\_

*Risk Management Department:*

Date Received: \_\_\_\_\_  Faxed     Emailed to SIA: \_\_\_\_\_    Certificate Forwarded: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_