



Schools Insurance Authority

CERTIFICATE OF INSURANCE REQUEST FORM

(Please allow a minimum of 2 weeks for processing)

Date of Request: _____

School District: _____

School Site:
(Full name) _____

Contact Person: _____ Phone: _____

Short term facility use:

Name of Event: _____

Date(s) of Event: _____ Start time: _____ End time: _____

Description of the Event: _____

Facility to be used: _____

Address: _____
Address

_____ *City* _____ *State* _____ *ZIP Code*

Contact Person: _____

Is there a written agreement/application for use of facility? **Yes** **No** *If yes, please attach a copy*

Long term agreement:

Name: _____

Address: _____
Address

_____ *City* _____ *State* _____ *ZIP Code*

Agreement #: _____ Term of the agreement: _____

Contact Person: _____

Is there a written agreement/application for use of facility? **Yes** **No** *If yes, please attach a copy*

Example: computers, copier equipment and/or property lease

Please return to your district office