



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: _____
