



Certificate of Insurance Request Special Events

North Coast Schools Insurance Group

Instructions: Please complete the attached questionnaire when your district is using an outside facility, etc., and the other agency/business is requesting either proof of insurance or a certificate of insurance. Upon completion of the questionnaire FAX: (916) 924-8577 or mail to: Keenan & Associates, 1760 Creekside Dr., Suite 220, Sacramento, CA 95833, Attn. L. Dunn or D. Roediger. Phone #: (916) 924-6735. Allow at least one week for the issuance of the certificate.

New Certificate: _____ **Reissue of an Existing Certificate:** _____

District: _____ **Date:** _____

District Contact Person: _____ **Phone:** _____

Additional Insured Requested: Yes No

Name/address of certificate holder: *(person/entity requesting insurance coverage)*

Description of the Event/Activity: *(indicate level of exposure to potential harm)*

Location:

Does the building to be used meet the Field Act requirements? Yes No

Sponsor: _____

Participants: *(type and number)* _____

Date(s)/Time of Activity: _____

Special Requirements: _____

Equipment Section

Special Equipment to be used at other site (i.e. vehicles/relocatable equipment - type, year, serial number, lease or loan number)
