

Liability & Special Events Certificate of Insurance Request

Schools Insurance Group

To: Woodruff-Sawyer & Company
 ATTN: Gail Blagg
 P. O. Box 1900
 Grass Valley, CA 95945
 530.802.8179
gblagg@wsandco.com

New Re-issue

Date: _____

District: _____ Contact: _____ Phone: _____

Name & Address of Certificate Holder (who is asking for the certificate or evidence you have insurance)

Attn: _____ Date & Time of Event/Activity: _____

School/Sponsor: _____ Location of Event/Activity _____

Participants: _____ Special Requirements: _____

Description of Event/Activity: _____

Copy of Contract or Agreement (must be attached)

Additional Insured endorsement required? No Yes

Special endorsements or wording required? No Yes (attach copy)

Does building meet Field Act Requirements? No Yes

Has District received waiver? No Yes

Requested by: _____ Date: _____

Mail Fax Attn: _____