

Sierra Self Insurance Services

LIABILITY & SPECIAL EVENTS CERTIFICATE OF INSURANCE REQUEST

To: Sierra Self Insurance Services
Gail Blagg
565 Brunswick Road, Ste 11
Grass Valley, CA 95945
Fax (530) 273-6459 Email ssisgail@gv.net
Phone (530) 274-7213

New: **or**

Date: _____ / _____ /200__

Schools Insurance Group

Your District _____

Contact _____ Phone #: () _____ — _____

Name & Address of Certificate Holder (**this is the name of who is asking for the certificate**)

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)

Has District received waiver? No Yes

Requested by _____ Date _____

Mail

Fax

Attn: _____