

Sacramento City Unified School District

REQUEST FOR CERTIFICATE OF INSURANCE FORM (RSK-F105A)

Site/Department: _____ Date of Request: _____

Coordinator: _____ Telephone: _____

Fax: _____

Name of Group/Event: _____

Purpose of Event: _____

Date(s) From: _____ To: _____

Facility to be used: _____

Address: _____

Street

City

State

Zip

Contact Person: _____

Telephone: () _____

Name/Address of certificate holder: _____

Number of Students: _____ Number of Adults/Supervisors: _____

Is there a written agreement or application for use of facility? ____ Yes ____ No (If Yes, please attach a copy)

Amount of Insurance Required: \$ _____

Date Certificate Needed : ____/____/____

Signature of Coordinator: _____ Date: _____

Signature of Site Administrator: _____ Date: _____

DISTRIBUTION: White (Risk Management), Yellow (Risk Management), Pink (Coordinator)

INSTRUCTIONS:

- 1. Please submit the white and yellow copies of the request form to the Office of Risk Management (Box 840) Immediately upon reserving a facility. This will allow time to process the request.
2. The facility should be advised the original certificate of insurance will be forwarded from the insurance company and a copy will be sent to the Office of Risk Management for retention in file. A copy of the certificate of insurance attached to the yellow copy of this form will be sent to the coordinator .

Office of Risk Management Use Only

Date Request Received: _____

Date Certificate Received from SIA: _____

Date Forwarded to SIA: _____

Date Cert of Insurance Sent to Site: _____