



Schools Insurance Authority

CERTIFICATE OF LIABILITY COVERAGE REQUEST FORM

(Please allow a minimum of 2 weeks for processing)

Section 1

Date of Request: _____

School District: _____

School Site:
(Full name) _____

Contact Person: _____ Phone: _____

Short term facility use:

Section 2

Name of Event: _____

Date(s) of Event: _____ Start time: _____ End time: _____

Description of the Event: _____

Facility to be used: _____

Address: _____
City State ZIP Code

Mailing Address: _____
City State ZIP Code

Contact Person: _____

Is there a written agreement/application? Yes No *If yes, please attach a copy*

Long term agreement:

Examples: computers, copier equipment, property lease or educational programs

Section 3

Name: _____

Mailing Address: _____
Address

_____ *City State ZIP Code*

Agreement #: _____ Term of the agreement: _____

Contact Person: _____

Is there a written agreement/application? Yes No *If yes, please attach a copy*

Print Name of Site Administrator

Sign

Date

Please return to your district office

Revised 3/2017