



Sacramento City Unified School District

Please Print or Type

REQUEST FOR CERTIFICATE OF INSURANCE/ADDITIONAL COVERED MEMBER ENDORSEMENT FORM

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 facility requesting endorsement: _____

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 Coverage Required: \$ _____

Date Endorsement Needed: ____/____/____

Signature of Coordinator: _____ Date: _____

Signature of Site Administrator: _____ Date: _____

DISTRIBUTION: Original (Risk Management), Copy (Coordinator)

INSTRUCTIONS:

- 1. Please submit the original of this request form to the Office of Risk Management (Box 840) immediately upon reserving a facility. SIA request form and Signed Agreement. This will allow time to process the request.
2. The facility should be advised the original endorsement will be forwarded from and a copy will be sent to the Office of Risk Management for retention in file. A copy of the endorsement will be sent to the coordinator.

Office of Risk Management Use Only

Date Request Received: _____

Date Endorsement Received from SIA: _____

Date Forwarded to SIA: _____

Date Endorsement Sent to Site: _____