



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
If no, attach MOU 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
If no, check with Contracts Office*

Print Name of Site Administrator

Sign

Date

Please return to your district office

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