



# 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: \_\_\_\_\_

Section 2

### Short term facility use:

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*

Section 3

### Long term agreement:

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

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**

Revised 3/2025