

TEMPLE CITY UNIFIED SCHOOL DISTRICT

REQUEST FOR CERTIFICATE OF INSURANCE

INSTRUCTIONS: Please COMPLETE this form and send to the Business Office.

(IMPORTANT: Certificates of Insurance are issued by the insurance company (not the Business Office) and have to be ordered. It takes 1 to 2 days to receive, so please provide enough advance notice in order to receive it in time for your event.)

ATTN: MARIA CABRERA

FAX NO.: 309-0493

From (location): _____ Date of Request: _____

Name and phone number (or extension) of district employee requesting Certificate:

ENTITY CERTIFICATE OF INSURANCE TO BE ISSUED TO:

Name _____

Address _____

Phone No. (_____) _____ Fax No.:(_____) _____

Contact Person: _____ E-Mail Address: _____

Additional Insured required?: *(please check one)* Yes _____ No _____

Description of Event (include dates & times):

Location: _____

Participants: _____

Special Requirements: _____

DATE DUE (if applicable): _____

DISTRICT OFFICE USE ONLY	
Date Received:	_____
Date Ordered:	_____
Date Received:	_____
Date Sent:	_____
How Delivered: Mailed/ Faxed/ E-Mailed	_____
By:	_____