



Reaching beyond the boundaries
to build a community of learners.

Certificate of Insurance (COI) Request Form

PLEASE NOTE: Certificates can take as long as five business days to produce.
Please allow enough time when making a request.

Date: _____

For Events:

Name: _____

Name of Vendor or Venue Requesting Certificate

Address of vendor/venue requesting certificate:

Street Address or P.O. Box

City

State

Zip

Date(s) of
event/activity: _____

Time(s) of
event/activity: _____

(including set-up)

Approximate # of
Participants: _____

Description of event or activity:

Amount of Required Insurance:

	Each Occurrence:	Aggregate:
General Liability:	\$ _____	\$ _____

	Each Occurrence:	Aggregate:
Automobile Liability:	\$ _____	\$ _____

Additional Information:

Requester Info:

Site/Class/Club: _____

Name: _____

Phone: _____

Email: _____

Administrator Signature/Approval: _____

Should a request be made for an "Additional Insured Endorsement," a separate page is included with the certificate – close review of the contract/agreement with the other party will be closely reviewed by Travis USD's insurance company before the endorsement is issued.

**Send this form and a copy of the Board Approved Contract to
Purchasing@travisusd.org**