



# Schools Insurance Authority

## CERTIFICATE OF INSURANCE REQUEST FORM



(Please allow a minimum of 2 weeks for processing)

Date of Request: \_\_\_\_\_ School District: FCUSD  
 School Site: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Short Term Facility Use:

Name of Entity Requiring Certificate (Certificate Holder): \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Address  
 \_\_\_\_\_  
City CA State ZIP Code

Name of Event: \_\_\_\_\_  
 Description of the Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Is there a written agreement/application for use of facility?  Yes  No **If yes, please attach a copy**

### Long Term Lease Agreement:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Address  
 \_\_\_\_\_  
City State ZIP Code

Term of the agreement: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Is there a written agreement/application for use of facility?  Yes  No **If yes, please attach a copy**  
 Example: computers and/or copier equipment, property lease