

Propel Insurance

CERTIFICATE OF INSURANCE REQUEST For RICHLAND SCHOOL DISTRICT

Today's Date: _____

From (Administrator Name): _____

School: _____

Administrator Email Address: _____

Administrator Phone Number: _____

Certificate Holder's Information (The organization which needs the certificate?)

Certificate Holder Name: _____

To the Attention of: _____

Certificate Holder Address: _____

Do you want this certificate faxed or emailed to Certificate Holder? YES___ NO___

Certificate Holder's Fax Number (person requesting Certificate): _____

Certificate Holder's Email Address (person requesting Certificate): _____

Certificate Holder's Phone Number (person requesting Certificate): _____

Does the Certificate Holder need to be named as an Additional Insured? YES___ NO___

Please provide the dates and description of event:

EMAIL or FAX this completed request form to Kellie Hogan at Propel Insurance:

kellie.hogan@propelinsurance.com or

[Kellie's direct line phone number is 253-310-4039 should you have questions]