

Bay Area Schools Insurance Cooperative

Evidence of Insurance Request

Add Coverage

Equipment/Autos

To: Redwood Empire Schools' Insurance Group
ATTN: Joan Tapanainen or Mary Cox
5760 Skylane Blvd., Suite 100
Windsor, CA 95492
Fax (707) 836-9079

JPA **Redwood Empire Schools' Insurance Group** _____

District _____ **Phone # (707)** _____

Contact _____ **Fax # (707)** _____

Name & Address of Certificate Holder/Loss Payee

Equipment:

Year/Type/Mfg: _____ Replacement Cost \$ _____

Description: _____ Serial # _____

Lease or Loan # _____ Site Location _____

Vehicles:

Make/Model/Year _____ Replacement Cost \$ _____

Bus # Passengers: _____ Serial # _____

Lease or Loan # _____ Other: _____

Copy of contract or agreement must be attached

Additional Insured endorsement required? No Yes

Special Endorsements or wording required? No Yes (attach copy)

Requested by _____ **Date** _____

Mail Fax Attn: _____