

Bay Area Schools Insurance Cooperative

CERTIFICATE/SPECIAL EVENTS

Copy of contract or agreement must be attached

To: Redwood Empire Schools' Insurance Group
ATTN: Joan Tapanainen or Mary Cox
5760 Skylane Blvd., Suite 100
Windsor, CA 95492
Fax (707) 836-9079
Phone (707) 836-0779 ext. 106 or 121

New: **or** Reissue:
Date: _____ / _____ /20____

JPA: REDWOOD EMPIRE SCHOOLS INSURANCE

GROUP _____

ADDRESS _____

District _____

Contact _____ **Phone #:** () _____ — _____

Mail _____ **Fax** _____ **Fax #** () _____ --- _____

Name & Address of Certificate Holder

Attn: _____ **Fax #** _____

Mail _____ **Fax** _____

Date & Time of Event/Activity: _____

School/Sponsor: _____

Location of Event/Activity: _____

Participants: _____

Special Requirements: _____

Description of Event/Activity: _____

Additional Insured endorsement required? No Yes

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

Requested by _____ **Date** _____