

Bay Area Schools Insurance Cooperative

Evidence of Insurance Request Add Coverage

Building/Contents

To: Wells Fargo Insurance Services

New: or Reissue

ATTN: Debbie Seidman

P O Box 7448

Petaluma, CA 94954

Date: ____/____/19__

Fax(707) 773-2916 Phone (707) 773-1837

JPA Redwood Empire Schools Insurance Group _____

District _____

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

Name & Address of Certificate Holder Lender/Loss Payee _____

Attn: _____

Building/Contents – Must complete attached Statement of Values

Effective Date _____

*New construction? No Yes Remodeled? No Yes New Purchase? No Yes

Location #: _____

Does building meet Field Act Requirements? No Yes

Has District received Waiver? No Yes

*If new construction. Start Date _____ Anticipated completion date _____

Builders Risk coverage needed? No Yes

General Contractor _____

Certificate obtained from General ? No Yes

Requested by _____ **Date** _____

Mail Fax Attn: _____

