

# Bay Area Schools Insurance Cooperative

Evidence of Insurance Request

Add Coverage

## Relocatables/Equipment/Autos

To: Wells Fargo Insurance Services

ATTN: Debbie Seidman

P.O Box 7448

Petaluma, CA 94955-7448

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

New: or

Reissue:

Date: \_\_\_\_\_

JPA **Redwood Empire Schools' Insurance Group** \_\_\_\_\_

District \_\_\_\_\_

Contact \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

### Name & Address of Certificate Holder/Loss Payee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attn: \_\_\_\_\_

### Relocatables or Equipment:

Loss Payee \_\_\_\_\_

Make/Model/Year: \_\_\_\_\_ Repl. Cost \$ \_\_\_\_\_

Description (size): \_\_\_\_\_ Serial #: \_\_\_\_\_

Lease or Loan #: \_\_\_\_\_ School/Site Loc.: \_\_\_\_\_

Does bldg. Meet Field Act Requirements? No  Yes  Has District Rec'd Waiver? No  Yes

### Vehicles:

Year/Type/Mfg.: \_\_\_\_\_ Repl. 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: \_\_\_\_\_