

Bay Area Schools Insurance Cooperative Request for Certificate of Coverage - Special Events

To: USI Insurance Services
Attn: Erica Audiss
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Petaluma, CA 94954
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From: Butte Schools Self-Funded Programs Date: _____
District: _____ Phone: _____ Fax: _____
Contact: _____ Address: _____
Email: _____

Request For: New Evidence of Coverage Reissue Evidence of Coverage Delete Certificate No. _____

Name, address and fax
number of Certificate Holder:

Date/Time of Activity: _____ Location: _____

School/Sponsor: _____ Participants: _____

Special Requirements: _____

Description of Event or Activity:

Additional insured endorsement? Yes No

Special endorsements or wording? Yes No

Please attach copy of contract and include required wording, etc. under "Other", below.

Other
Information: