

Bay Area Schools Insurance Cooperative Request for Evidence of Property Coverage

To: ABD Insurance & Financial Services, Inc.
Attn: Erica Audiss
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Petaluma, CA 94954
Phone & Fax (707) 877-4737

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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. _____

Property/Contents Description
(Include serial/VIN, make,
Model, year, and passenger
Count) :

Location Number/Site:

Owned Leased If leased, enter lease number and attached copy: _____

Replacement cost: _____

Additional insured endorsement? Yes No

Special endorsements or wording? Yes No *If yes, please provide sample.*

Name, address and fax number
Of Certificate Holder / Lender /
Loss Payee:

Other
Information: