

**Certificate of Insurance (COI)  
 Request Form**

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SCHOOL:	DATE OF EVENT:
REQUESTED BY:	PHONE:

**REQUEST CERTIFICATE OF INSURANCE FOR THE FOLLOWING**

CERTIFICATE HOLDER:		
ATTENTION:		
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:		PHONE:

**Briefly describe the nature of the activity, the purpose of the certificate or required wording by certificate holder.**

Is there a written contract? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please include with certificate request.