CERTIFICATE OF INSURANCE REQUEST FORM

If you are required to provide a Certificate of Insurance to a vendor, contractor, or other entity for any reason, please supply the following information and send this form to either Lori Prinz or Ashley Orologio.

**PLEASE INCLUDE A COPY OF THE CONTRACT, FLYER** or **SECTIONS** relating to insurance, indemnification and/or hold harmless agreements with this form.

|  |  |
| --- | --- |
| Your Name | Your Position |
| Your Class or Grade Level | Your e-mail |
| Your Telephone Number | Your Fax Number |
| Name of Certificate Holder (i.e. Entity requesting the certificate) | |
| Address of Certificate Holder | |
| Description of Activity: **For events, activities, and performances include the date(s), time(s), and location of the event or activity.** | |

**Please be sure to attach a copy of the signed contract, flyer or paper describing the event if you received one.**