



INSURANCE CERTIFICATE REQUEST FORM

(Proof of insurance for liability, automobile, and property coverage)

******A Certificate of Insurance is a custom document******
Please allow three (3) business days to produce

**SPPS Staff: Use this form to request an SPPS Certificate of Insurance for providing to an external entity for equipment lease, grant application, or participation in an SPPS event or program outside of the District's normal business locations.*

*Complete all sections and submit to SPPS Insurance Department
 email to > insurance@spps.org*

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The certificate will be sent directly to the external entity who is requiring the SPPS Certificate of Insurance, unless alternate instructions are specified. Additionally, a copy of the certificate will be sent to the SPPS staff member completing the Insurance Certificate Request Form.

Today's Date: _____ Date Certificate is Needed: _____

External Entity Information

Facility Sponsor Governmental Entity Lessor Owner

Name of external organization requiring the SPPS Certificate: _____

Address of organization: _____

Contact person from that organization: _____ Telephone: _____

Email: _____ [Certificate will be sent directly to contact person via this email address]

Alternative Instructions (e.g. different certificate delivery such as via facsimile or return to requestor, list as additional insured, etc.):

Purpose

Equipment Lease Grant Application Participation in SPPS event or program Other

Nature of lease or grant, Name of event or program, or Description of Other purpose: _____

Note: A copy of fully executed contract/agreement must accompany this form. To be fully executed, it must be signed by both parties. If field trip or event participation, a copy of full registration must accompany this form. Specifically, confirmation of registration, terms and conditions/terms of agreement/use agreement statement, and insurance requirements.

Description of Activity/Event

Exact Date(s): _____ Exact Timeframe (include set-up and take-down period): _____

Location(s) of Activity/Event:

SPPS Site(s) Participating: _____

Number of SPPS Students Attending: _____ Number of SPPS Staff/Chaperones Attending: _____

***SPPS Personnel Completing Request**

Name: _____ Telephone: _____ Email: _____