

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

To: Wells Fargo Insurance Services
Attn: Suzie Lindsay
PO Box 7448
Petaluma, CA 9455-7448
Fax (866-737-7095) Phone (707-773-1845)

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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:	
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