

# Certificate of Insurance Request

Sonoma County Office of Education

## Instructions for completing this form:

Attach a copy of the event/activity contract or agreement, then forward to:

Deputy Superintendent, SCOE Business Services,  
5340 Skylane Boulevard, Santa Rosa CA 95403

**Business Services will submit to RESIG**

Redwood Empire Schools' Insurance Group  
Attn: Deborah Fraser (x121)  
5760 Skylane Boulevard, Suite 100  
Windsor, CA 95402  
Phone (707) 836-0779 • Fax (707) 836-9079

Date \_\_\_\_\_ New or reissued certificate?  New  Reissue

Department Business Services

Group Sonoma County Office of Education Address \_\_\_\_\_

5340 Skylane Blvd., Santa Rosa, CA 95403

Attention Kristin Enbysk Phone number 707-524-2628

Email Address kenbysk@scoe.org

## Name and address of certificate holder

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention \_\_\_\_\_ Phone number \_\_\_\_\_

Email  Fax Email Address \_\_\_\_\_

Fax number \_\_\_\_\_

Date and time of event/activity \_\_\_\_\_

Sponsor (SCOE Department) \_\_\_\_\_

Location of event/activity \_\_\_\_\_

Participants \_\_\_\_\_

Special requirements \_\_\_\_\_

Description of event/activity \_\_\_\_\_

Additional insured endorsement required?  No  Yes

Special endorsement or wording requirements?  No  Yes (attach copy)

Requested by \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Approvals

Department Director \_\_\_\_\_ Date \_\_\_\_\_

Dep. Supt. of Business Services \_\_\_\_\_ Date \_\_\_\_\_

## For Business Services use only

Sent to RESIG: \_\_\_\_\_

By: \_\_\_\_\_