

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

To: Wells Fargo Insurance Services Attn: Debbie Seidman debbie_seidman@wellsfargois.com PO Box 7448 Petaluma, CA 94555-7448 Fax (707) 773-2916 Phone (707-773-1837)	Date: <input style="width: 100%;" type="text"/>
From: Butte Schools Self-Funded Programs	
District: <input style="width: 350px;" type="text"/>	Phone: <input style="width: 100px;" type="text"/> Fax: <input style="width: 100px;" type="text"/>
Contact: <input style="width: 350px;" type="text"/>	Address <input style="width: 380px;" type="text"/>
Email: <input style="width: 350px;" type="text"/>	

Request for:	<input type="radio"/> New Evidence of Coverage <input type="radio"/> Reissue Evidence of Coverage <input type="radio"/> Delete	Certificate No. <input style="width: 100%;" type="text"/>
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Name, address and fax number of Certificate Holder	<input style="width: 100%; height: 100%;" type="text"/>		
Date/Time of Activity:	<input style="width: 250px;" type="text"/>	Location:	<input style="width: 250px;" type="text"/>
School/Sponsor:	<input style="width: 250px;" type="text"/>	Participants:	<input style="width: 250px;" type="text"/>
Special Requirements:	<input style="width: 100%; height: 30px;" type="text"/>		
Description of Event or Activity:	<input style="width: 100%; height: 100%;" type="text"/>		
Additional insured endorsement?	<input type="radio"/> Yes <input type="radio"/> No	Please attach copy of contract and include required wording, etc. under "Other", below.	
Special endorsements or wording?	<input type="radio"/> Yes <input type="radio"/> No		

Other Information	<input style="width: 100%; height: 100%;" type="text"/>
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