

Washington Schools Risk Management Pool
REQUEST FOR *EVIDENCE OF COVERAGE LETTER*

I. DISTRICT INFORMATION NAME OF DISTRICT: _____ DISTRICT CONTACT: _____ PHONE: _____

II. ISSUE EVIDENCE OF COVERAGE LETTER TO: <i>Fill in information pertaining to the organization that is requesting proof of insurance.</i> CONTACT NAME: _____ ORGANIZATION: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ FAX NUMBER: _____

III. DESCRIPTION: <i>Completely describe the event, activity, vehicle/equipment or property:</i> _____ _____ _____ _____ _____ DATES INVOLVED: From: _____ To: _____ SPECIFIC LOCATION/BLDG: (Include address) _____ INSURED VALUE OF PROPERTY, VEHICLE OR EQUIPMENT: \$ _____

A COMPLETE COPY OF THE AGREEMENT, CONTRACT OR APPLICATION REQUIRING THE PROOF OF INSURANCE MUST BE ATTACHED TO THIS REQUEST.

SPECIAL INSTRUCTIONS: _____ FAX TO: _____ FAX NUMBER: _____

Call 360 779-8716 if you have any questions or need assistance in using this form. Send completed form and copy of the agreement, contract or application from the requesting organization to the NKSD Business Office. The information will be reviewed and forwarded to Washington Schools Risk Management Pool and they will send the certificate directly to the organization.