**REQUEST FOR CERTIFICATE OF INSURANCE**

When District staff/students are attending or sponsoring events at non-district sites, the owner of the non-district site may have concerns about the liability exposure created in their hosting our staff/students. To help alleviate the concern, the third party owner may ask for the District to provide evidence the District has its own liability insurance. The District’s insurance company can provide the third parties with a “Certificate of Insurance” that serves as evidence of the District’s insurance coverage.

The District’s insurance company will need specific information in order to complete a “Certificate of Insurance” form. When the District’s insurance company receives this information, they will promptly route the information to the third party.

By completing the form below, you will provide all the information necessary to request a “Certificate of Insurance.” Submit the completed request to the School District of Holmen Business Office ([matkry@holmen.k12.wi.us](mailto:matkry@holmen.k12.wi.us)) with a copy to your Building Administrator/Program Supervisor. Business Services will route the information to the District’s insurance company.

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| **CERTIFICATE OF INSURANCE INFORMATION** | | | |
| **EVENT INFORMATION** | | | |
| **Event Name:** | **Group Attending/Participating:** | | **Event Date(s):** |
| **Event Location:** | | | **District Employee Name(Requester):** |
| **ORGANIZATION INFORMATION** | | | |
| **Organization Requiring Certificate of Insurance:** | | | |
| **Contact Name:** | | | |
| **Routing Information (Mailing Address, FAX Or Email):** | | | |
| **OTHER INFORMATION** | | | |
| **Please provide below complete routing information for any additional persons you would like to receive copies of this “Certificate of Insurance”:** | | | |
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