

# Liability & Special Events Certificate of Insurance Request

## Tri-County Schools Insurance Group

To: Woodruff-Sawyer & Company  
 ATTN: Gail Blagg  
 P. O. Box 1900  
 Grass Valley, CA 95945  
 530.802.8179  
[gblagg@wsandco.com](mailto:gblagg@wsandco.com)

New  Re-issue

Date: \_\_\_\_\_

District: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Address of Certificate Holder (who is asking for the certificate or evidence you have insurance)

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Attn: \_\_\_\_\_ Date & Time of Event/Activity: \_\_\_\_\_

School/Sponsor: \_\_\_\_\_ Location of Event/Activity: \_\_\_\_\_

Participants: \_\_\_\_\_ Special Requirements: \_\_\_\_\_

Description of Event/Activity: \_\_\_\_\_

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### Copy of Contract or Agreement (must be attached)

Additional Insured endorsement required? No  Yes

Special endorsements or wording required? No  Yes  (attach copy)

Does building meet Field Act Requirements? No  Yes

Has District received waiver? No  Yes

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

Mail  Fax  Attn: \_\_\_\_\_