

# REQUEST FOR SDP CERTIFICATE OF INSURANCE

To Be Completed By Department or Program Requesting a Certificate of Insurance

Date of Request \_\_\_\_\_

## SDP Contact Information

SDP Contact Name (First & Last) \_\_\_\_\_

SDP Contact Phone \_\_\_\_\_

SDP Contact Email Address \_\_\_\_\_

## Vendor Contact Information

Vendor Contact Name (First & Last) \_\_\_\_\_

Vendor Name & Business Address (Street, City, Zip) \_\_\_\_\_

Vendor Contact Phone \_\_\_\_\_

Vendor Contact Email Address \_\_\_\_\_

## Details of Activity

Name of School (ES, MS, HS) requesting Certificate of Insurance \_\_\_\_\_

Specific Address of activity (if different from vendor address) \_\_\_\_\_

Date(s) of activity \_\_\_\_\_

Time(s) of activity (include set up/break down of activity) \_\_\_\_\_

Specific Activities that will be occurring \_\_\_\_\_

Location of the activity (Must include room # or other specific info if less than the entire facility used).

Will the facility be used by any other person/entity during the time the SDP will be using the facility or performing the activity (Circle Yes or No)

Has the activity and location received approval by all necessary reviews (Circle Yes or No)