

**EVIDENCE OF CERTIFICATE OF COVERAGE
REQUEST FORM**

Date: ___ / ___ / _____

District Name: _____

Contact: _____

Phone: () _____ - _____

Email: _____

*****CERTIFICATE HOLDER INFO*****

Name: _____

Attn: _____

Address: _____

City: _____ ST _____ Zip _____

- Coverage's:
- Property & Liability
 - Workers' Compensation
 - Waiver of Subrogation Wording Required

***PLEASE PROVIDE
COPIES OF INSURANCE REQUIREMENTS, SPECIAL FORMS,
SAMPLE CERTS, AND ANY SPECIAL WORDING.***

Any special instructions insert here:

Please Return by: Mail Fax #: () _____ - _____

Email Attn: _____

Date you need certificate: _____

Send Request To: Wells Fargo Insurance Services
ATTN: Erica Audiss
Email: erica.audiss@wellsfargo.com
Fax: (866) 737-7095
Phone: (707) 773-1923

(Request For Cert. of Ins. 2-14)