



Central Region
School Insurance Group

Certificate of Insurance Request Form

Wells Fargo Insurance Services
P.O. Box 1106
Grass Valley, CA 95945
(530) 271-2722
(888) 298-7213

Att: Gail Blagg
Email – gail.blagg@wellsfargo.com
OR
(530) 273-6459 fax

Date: _____ District Name: _____

CERTIFICATE HOLDER INFO

Name: _____

Attn: _____

Address: _____

City: _____ ST _____ Zip _____

- Coverages:
- Property & Liability
 - Workers' Comp
 - 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: _____