



Central Region
School Insurance Group

EVIDENCE OF COVERAGE REQUEST FORM

Date: _____

District Name: _____ Contact: _____

Phone: _____ Email: _____

CERTIFICATE HOLDER INFO

Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

- Coverages:
- ☐ Property
 - ☐ Liability
 - ☐ Automobile
 - ☐ Workers' Compensation
 - ☐ Waiver of Subrogation Wording Required

***PLEASE ATTACH COPIES OF CONTRACT OR AGREEMENTS, SPECIAL FORMS, SAMPLE
CERTIFICATES AND ANY SPECIAL WORDING***

Describe any special instructions or wording needed:

- Send Certificate by:
- ☐ Mail
 - ☐ Fax #: _____
 - ☐ Email address: _____

Date you need certificate: _____

*****Please send in certificate request at least 3 days before the date you need certificate.***

Send Request To: Tina Gonzales
CRSIG
tina@crsig.com