

# Bay Area Schools Insurance Cooperative Request for Certificate of Coverage - Special Events

To: Newfront  
Attn: Erica Audiss  
1435 N. McDowell Blvd. Ste. 320  
Petaluma, CA 94954  
Phone: 707-877-4737 (office)  
Fax 650-523-4609

[erica.audiss@newfront.com](mailto:erica.audiss@newfront.com)  
[cpatters@bsspjpa.org](mailto:cpatters@bsspjpa.org)

From: Butte Schools Self-Funded Programs

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

District: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Request For:    New Evidence of Coverage    Reissue Evidence of Coverage    Delete    Certificate No. \_\_\_\_\_

Name, address and fax  
number of Certificate Holder:

Date/Time of Activity: \_\_\_\_\_ Location: \_\_\_\_\_

School/Sponsor: \_\_\_\_\_ Participants: \_\_\_\_\_

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

Description of Event or Activity:

Additional insured endorsement?            Yes            No

Special endorsements or wording?        Yes            No

Please attach copy of contract and include required wording, etc. under "Other", below.

Other  
Information: