



**Irvine Unified School District  
Risk Management & Insurance**

**Request for Certificate of Insurance**

PLEASE PROVIDE INFORMATION IN THE CELL TO THE RIGHT



*School-Sponsored Events Only*

DISTRICT INFORMATION

<b>Name of School:</b>	
<b>Name of Group:</b>	
<b>IUSD Employee Responsible for Group Event:</b>	
<b>IUSD Contact Name, Email, and Phone:</b>	
<b>Number of Adult Participants:</b>	
<b>Number of Students Participants:</b>	
<b>Other Participants (i.e., Lifeguard):</b>	

EVENT INFORMATION

<b>Type of Event (i.e., camp, sports, etc.)</b>	
<b>Event Location:</b>	
<b>Event Date(s):</b>	
<b>Event Time(s):</b>	
<b>Entity Requesting Proof of Insurance:</b> <ul style="list-style-type: none"> <li>- Entity Name</li> <li>- Address</li> <li>- Phone and Fax</li> <li>- Email Address (if applicable)</li> <li>- Contact Name</li> </ul>	
<b>Describe Event:</b>	
<b>Entity Requesting Additionally Insured: Y or N</b> If yes, attach supporting documentation.	
<b>Other Additionally Insured Party: Y or N</b> If yes, attach supporting documentation.	
<b>Name of Sponsor (if different from Entity)</b>	

Please complete this form and email to [insurance@iusd.org](mailto:insurance@iusd.org). Please allow 48-72 hours to process your request. Certificates will be mailed to the requestor and emailed to the IUSD employee responsible for the group event.

For Questions:

Call Linda Garcia at (949) 936-5044 or email [insurance@iusd.org](mailto:insurance@iusd.org).