



CERTIFICATE OF COVERAGE REQUEST

Date:

Certificate Holder Name and Address:

**This Certificate of Insurance should include evidence of the following coverage:
(please check)**

- Property
- General Liability
- Auto
- Workers' Compensation
- Other

Please check if the certificate holder is requiring the following status:

- Additional Insured
- Loss Payee

Description of event/issue generating request. Please include name of school, date(s) etc.

Supervisory Union/District Contact Name and Phone Number *(if questions arise)*:

The certificate should be:

Faxed to:

Emailed to:

Mailed to:

A copy is always emailed to the program's contact.

Please fax, email or mail your completed request for a Certificate of Insurance to:

**Don Morrill, Program Manager
VSBIT Multi-Line Intermunicipal Program
1-802-223-6132 (phone)
1-802-223-6135 (fax)
don@vsbit.org**

All Certificates of Insurance will be issued within 24 hours of receipt.