



Request for Certificate of Coverage

Requesting District

District _____ Date _____

Contact _____ Tel. No. _____

Title: _____ Email: _____

Administrator's Signature _____

Agency/Entity Information

In order to name an entity or other party as an additional insured SISC will require, in most cases, that this additional insured status request be made in the agreement or contract.

Name _____

Agency Contact _____

Address _____

City, State, Zip _____

Email or Fax No. _____

Purpose of Agreement or Contract

Agreement Effective Date _____

Event Date (if applicable) _____

Provide Explanation below

Email to: libeck@kern.org or fax to 661-636-4868
Questions? Contact Lilia Beck at 661-636-4495

P.O. Box 1847, Bakersfield, CA 93303-1847
2000 K St • Larry E. Reider Education Center, Bakersfield, CA 93301
ph: 661.636.4710 fx: 661.636.4156 • sisc.kern.org

A Joint Powers Authority administered by the Kern County Superintendent of Schools Office, Mary C. Barlow, Superintendent