

## Certificate of Insurance

The following information is needed to process a request to receive a Certificate of Insurance. Please email **all of the information** to [info@waynecouncilofptos.com](mailto:info@waynecouncilofptos.com) with the subject area stating COI Request.

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Name of School:

Date of the event:

Name of event:

Place of event (Certificate holder):

Full address:

Phone #:

Fax #:

E-Mail Address of certificate holder:

Contact Person at location:

Time of event:

Approximate # of people attending:

Does certificate holder need to be named as additional insured? Yes or No

PTO Pres. or VP requesting certificate:

Phone #:

E-Mail address:

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The Certificate will either be mailed or e-mailed to the certificate holder (where the event is taking place) by our insurance company. A copy is e-mailed to the Council Vice President for our records and forwarded to you. You are responsible for printing out the certificate and having it in your possession at the event. (It may be given to chairperson to keep with the event information).

If you have any questions, please contact Leslie Dianuzzo [jldio716@aol.com](mailto:jldio716@aol.com).