

**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
**REQUEST FOR CERTIFICATE OF INSURANCE**

**Instructions:** This request for Certificate of Insurance must be submitted at least seven days prior to the event. Complete the Organization, Event, and School/Department sections below and return this form and agreement to Risk Management by fax. If you have any questions, call Gabriela Hernandez at 305-995-7133. The Certificate of Insurance will be faxed directly to the Organization. **UPON COMPLETION OF THIS FORM, PLEASE FAX TO 305-995-7199, OR EMAIL TO GABBIEHERNANDEZ@DADESCHOOLS.NET.**

**NAME OF ORGANIZATION REQUESTING CERTIFICATE:** (Please list name of Mall, Auditorium, City, Etc.)

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of contact Person for the Organization: \_\_\_\_\_ Email: \_\_\_\_\_

**EVENT INFORMATION:**

Description of the Event: \_\_\_\_\_

Location of the Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

**MIAMI-DADE COUNTY PUBLIC SCHOOLS:**

Name of M-DCPS School/Department: \_\_\_\_\_

Name of School Representative: \_\_\_\_\_

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

# of Teachers and/or M-DCPS Employees Participating \_\_\_\_\_

# of Students Participating \_\_\_\_\_

Do you want a copy of the certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there an agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please fax copy of agreement to Risk Management.**

Principal's Signature: \_\_\_\_\_

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

**FOR RISK MANAGEMENT USE ONLY:**

Additional Insured?	Yes _____	No _____
Risk Mgmt. Authorization	_____	
Sent to Arthur J. Gallagher	_____	