



**CANYONS**  
School District  
*"Celebrating the Highest  
Standards of Educational Excellence"*

## **Risk Management**

### **Request for Certificate of Insurance**

#### **Certificate Requester**

#### **Entity Requesting Certificate**

Name:	_____	Name:	_____
School/Dept.:	_____	School/Dept.:	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
State:	_____	State:	_____
Zip Code:	_____	Zip Code:	_____
Phone Number:	_____	Phone Number:	_____
Fax Number:	_____	Fax Number:	_____
E-mail:	_____	E-mail:	_____

#### **Event Information**

Event: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***All requests should be returned to Risk Management***

***Attention: Kevin Ray***

***Fax: 801-826-5069***

***For further questions, please contact Kevin Ray at 801-826-5143***