

## COI and Field Trip Request Form

update 10/29/24

### COI Request

Is this a field trip request?	
Name of the Organization or Event	
Organizations Address	
Contact Person	
Needed By	
Date of program or event	

### Event Description

**Brief description of event and where it will take place**

**What Insurance is required**

**Specific Coverage Requests**

General

Workmans comp.

Auto

Umbrella

Additionally Insured

# Notes

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Use this space for special requests or reminders for the reviewer