

SECTION I: REQUEST FOR STATEMENT OF SELF-INSURANCE FOR DEPARTMENT OF EDUCATION ACTIVITIES

TO: Safety, Security, and Emergency Preparedness Branch
Phone: (808) 784-5170
FAX: (808) 733-2112

Date: _____

The original copy of the statement of self-insurance is mailed to the party identified in Section IV of this form. To insure adequate time for processing, requests for statements of self-insurance are **due no later than 15 business days before the event date.**

SECTION II: DOE CONTACT INFORMATION (PLEASE PRINT)

Name of School/Office: _____
Contact Person/Title: _____
Contact Number: _____
FAX Number: _____
Address: _____

SECTION III: ACTIVITY INFORMATION (PLEASE PRINT)

Name of Activity: _____
Address of Activity: _____

Date of Activity: _____
Time of Activity: FROM: _____ TO: _____
Number of Participants as Applicable: _____

PLEASE PROVIDE A BRIEF EXPLANATION OF THE ACTIVITY AND HOW IT RELATES TO THE DEPARTMENT'S MISSION:

SECTION IV: INFORMATION OF PROPERTY OWNER REQUESTING THE STATEMENT OF SELF INSURANCE:

Name: _____
Address: _____

Phone Number: _____
FAX Number: _____

SECTION V: ACTIVITY APPROVED BY: (See note below).**

Name and Title: (PLEASE PRINT) Signature Date

***Activity **must** be approved by one of the following as applicable: The Superintendent, Deputy Superintendent, Assistant Superintendent, Complex Area Superintendent, Principal, or Director.