



# Required Document

*Send this form to your school's Insurance Company.*

School Name:

Date of visit:

## **Certificate of Insurance**

Your company insures a school/group that will be attending Wolf Ridge Environmental Learning Center for a residential experience in the near future.

Wolf Ridge's insurer requires that all groups attending Wolf Ridge provide a Certificate of Insurance that includes the following:

- Proof of current work comp and general liability coverage, including sexual abuse and molestation coverage.
- Wolf Ridge has been named an "additional insured" with respect to all activities of the group during their stay at Wolf Ridge.

Please include the **name of the school** (not just the school district) and the date of attendance on the certificate or cover letter.

***Return the Certificate of Insurance to:***

***Wolf Ridge Environmental Learning Center***

***Phone: 218-353-7414***

***Fax: 218 353-7762***

***6282 Cranberry Road***

***Finland, MN 55603***

***Betsey Mead <betsey.mead@wolf-ridge.org>***