

INSURANCE REQUIREMENTS FOR BUILDING USE

Contact your insurance company and request a “Certificate of Insurance” form listing the following information:

- 1) Additional Information:
Mount Clemens Community School District
167 Cass Avenue
Mount Clemens, MI 48043
- 2) Name and address of facility that you will be using.
- 3) \$1,000,000. Liability Limit.

Completed Certificate of Insurance should be mailed to:
Mount Clemens Community School District
Attn: Cassie Schoonover
167 Cass Avenue
Mount Clemens, MI 48043

Should you have any questions, please call Cassie Schoonover at (586) 461-3764.