

**LIABILITY
CERTIFICATE OF COVERAGE REQUEST**

Today's Date:	
JPA:	
District: District name	
Contact: Contact name for the District	Phone: Enter contact/district phone
Certificate Holder Name & Address	Certificate Holder is the entity requesting proof of coverage and/or endorsement
Attn:	If possible, specify a name to send the certificate to. Include fax number and/or email address.
Description of Operations	Provide a detailed description of the event, as the same description will be written into the certificate.
Is this a Special Event	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special events are defined as a one time request (prom, graduation, car wash, etc.) Though sometime it might happen every year, location, date and time can change.	Event Date(s) & Time Be sure to double-check the event date/time.
	Location Enter the physical address of the event
	Sponsor Enter the sponsoring school/group
	Participants Enter the grade/college participating
	Provide Details of Event Provide a more <u>specific</u> description of the event, include activity they are doing, etc.
Special Requirements List any special requirements that the certificate holder has asked for.	
Cross-Out Endeavor Clause <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Insured / Additional Covered Party <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Additional Insured / Covered Party <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Address	List any additional entities that wish to be listed as an Additional Covered Party. (Being an Additional Insured means that the certificate holder will be <u>a named covered party and endorsed onto the MOC</u> during the duration of the event. Therefore, it is important to provide the section of the contract that you have with the third party that states that they must be named as additional insured. Without the contract, we <u>cannot</u> process the certificate with an Additional Insured endorsement. If you are unsure the third party needs to be an additional insured, refer to your contract and/or correspondence with them or feel free to contact Risk Management at (619) 388-6953.