

LIABILITY CERTIFICATE OF COVERAGE REQUEST



Today's Date:	
JPA:	SWACC
District:	Santa Monica Community College
Contact:	Glaurys Ariass
	Phone: 310-434-4102
Certificate Holder Name & Address	
Attn:	
Description of Operations	
Is this a Special Event	<input type="checkbox"/> Yes <input type="checkbox"/> No Event Date(s) & Time: Location: Sponsor: Participants: Provide Details of Event: Special Requirements:
Cross-Out Endeavor Clause <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Additional Insured / Additional Covered Party <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other Additional Insured / Covered Party <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name & Address	