

LIABILITY CERTIFICATE OF COVERAGE REQUEST



Today's Date:	
JPA: SWACC	
District: Santa Monica Community College	
Contact: Adriene Smith	Phone: 310-434-4102
Certificate Holder Name & Address	
Attn:	
Description of Operations	Student Film Shoot
Is this a Special Event	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Event Date(s) & Time: Location: Sponsor: Participants: SMC Film Students Provide Details of Event:: Student Film Shoot 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	