

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	FilmL.A., its Directors, Officers, and Employees
	6255 Hollywood Blvd., Hollywood, CA 90028
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 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	