

# LIABILITY CERTIFICATE OF COVERAGE REQUEST



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