

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	City of Los Angeles
	200 N. Main Street, Room 1240 CHE, Los Angeles, CA 90012
Attn:	
Description of Operations	SMC Student Film Shoot
Is this a Special Event	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Event Date(s) & Time:
	Location:
	Sponsor:
	Participants: Film Students
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Address	