

# LIABILITY CERTIFICATE OF COVERAGE REQUEST



<b>Today's Date:</b>	
<b>JPA:</b> SWACC	
<b>District:</b> Santa Monica Community College	
<b>Contact:</b> Glaurys Ariass	<b>Phone:</b> 310-434-4102
<b>Certificate Holder Name &amp; Address</b>	City of Santa Monica, its officers, officials, employees, and volunteers.
	1685 Main Street
	Santa Monica, CA 90401
<b>Attn:</b>	
<b>Description of Operations</b>	Student Film Shoot
<b>Is this a Special Event</b>	<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
<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>	