

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	The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers.
	1201 W. 5 th Street., Ste. T-800, Los Angeles, CA 90017
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: 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	