

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	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	