

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