



## LIABILITY CERTIFICATE OF COVERAGE REQUEST

<b>Today's Date:</b>	
<b>JPA:</b>	N/A
<b>District:</b>	San Diego Community College District
<b>Contact:</b>	<b>Phone:</b>
<b>Certificate Holder Name &amp; Address</b>	
<b>Attn:</b>	
<b>Description of Operations</b>	
<b>Is this a Special Event?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Event Date(s) & Time
	Location
	Sponsor
	Participants
	Provide Details of Event
	Special Requirements
<b>Cross-Out Endeavor Clause</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Additional Insured / Additional Covered Party</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other Additional Insured / Covered Party</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name &amp; Address</b>	