

Request for Certificate of Insurance and Endorsements

Date: _____

TO: Nancy Lopez
ASCIP Technical Assistant
16550 Bloomfield Avenue
Cerritos, CA 90703
Phone: 562 404-8029
Fax: 562 404-8038

FROM:
District: Berkeley Unified School District
Person Requesting: _____
Phone: _____
Fax: _____

CERTIFICATE HOLDER INFORMATION

Name: _____
Address: _____
City: _____ State _____ Zip Code _____
Attention: _____
Phone: _____ Fax: _____

MAILING INSTRUCTIONS:

CHECK ONE: Send Original To: _____ **Certificate Holder** (Copy to District) _____ District (with Copy)

ENDORSEMENT INFORMATION

Please mark which endorsement is needed and list the parties to be named on the appropriate line below.

DO YOU NEED: _____ **ADDITIONAL COVERED PARTY** _____ **LOSS PAYEE**

List Names to be included as Additional Insureds:

List Names to be included as Loss Payee:

EVENT INFORMATION

DESCRIPTION OF EVENT: (Describe vehicle, property, or event)

A COPY OF THE CONTRACT, AGREEMENT OR USE PERMIT MUST BE ATTACHED.

Date(s) of Event: _____

Limits of General Liability: \$ _____

Other Coverage Limits Requested: \$ _____