

Request for Certificate of Insurance and Endorsements

ALLIANCE OF
SCHOOLS FOR
COOPERATIVE
INSURANCE
PROGRAMS



Date: _____

District: _____
Address: _____

Person Requesting: _____
Phone: _____
Fax: _____
Email: _____

CERTIFICATE HOLDER INFORMATION - EVENT LOCATION

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

MAILING INSTRUCTIONS

CHECK ONE Send Original To: _____ Certificate Holder (Copy 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: \$ _____

PLEASE ATTACH SUPPORTING DOCUMENTS

Submit to:

Sonia Rojas, ASCIP Senior Risk Services Coordinator
16550 Bloomfield Avenue, Cerritos, CA 90703

Phone: 562-404-8029 - Fax: 562-404-8038 - Email: rojas@ascip.org