

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
lopez@ascip.org

FROM:

District: _____
Address: _____

Person Requesting: _____

Phone: _____

Fax: _____

Email: _____

CERTIFICATE HOLDER INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Attention: _____

Email Addr: _____

Phone: _____

Fax: _____

MAILING INSTRUCTIONS

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

NOTE:

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: _____

\$

SUPPORTING DOCUMENTATION ATTACHED

Alliance of Schools for Cooperative Insurance Programs
16550 Bloomfield Avenue, Cerritos, CA 90703 (562) 404-8029

