

## LIABILITY CERTIFICATE OF COVERAGE REQUEST

Use this form to request the District's Certificate of Insurance (COI). All fields below must be completed. Submit form to the Director of General Services upon completion.

JPA:	Bay Area Community College District's JPA
District:	San Jose Evergreen Community College District
Requestor Name:	
Phone:	

Enter information requested by vendor below:

Certificate Holder Name & Address:	
Description of Operations:	
Additional Insured / Additional Covered Party (Yes____ No ____) Enter language required by vendor if requested and <u>attach copy of contract/agreement</u> , otherwise an endorsement cannot be issued.	
Is this a Special Event:	Yes      No
If Yes, complete below	
Event Date and Time:	
Location:	
Sponsor:	
Participants:	
Details of Event:	
Special Requirements:	