

Request for Certificate of Insurance and/or Endorsements

Date _____

Certificate Provided by
ASCIP
6550 Bloomfield Avenue
Cerritos, CA 90703
Phone: 562-404-8029
Fax: 562-404-8038

FROM: Diane Hill
Rancho Santiago
Community College District
District: _____
Address: 2323 N. Broadway, #225
Santa Ana, CA 92816
Person Requesting: _____
Phone: _____
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)

ENDORSEMENT INFORMATION

Please mark which endorsement is needed and list the parties to be named on the appropriate lines below: DO YOU NEED: Proof of Insurance Additional Insured Endorsement

List names to be included as additional insured

EVENT INFORMATION

DESCRIPTION OF EVENT: (Please provide a brief description of the event you are requesting this certificate for)

Date(s) of Event: _____

SUPPORTING DOCUMENTATION ATTACHED

Please Include a copy of the Contract/and or Agreement with this request form

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



Alliance of Schools for Cooperative Insurance Programs