

Request for Certificate of Insurance and/or 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:

[Rancho Santiago Community
College District](#)

[2323 N. Broadway, #225](#)

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)

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 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)

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

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



Alliance of Schools for Cooperative Insurance Programs