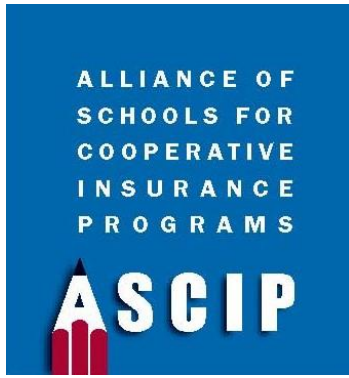


Request for Certificate of Insurance and Endorsements



Date: _____
District: Richard Loza
Address: Rancho Santiago Community College District
2323 N. Broadway, Santa Ana, 92706
Richard Loza, Risk Management Specialist
Person Requesting: _____
Phone: _____
Email: _____

CERTIFICATE HOLDER INFORMATION

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
Do you Need: Proof of Insurance Additional Insured Endorsement
List Names to be included as Additional Insureds:

EVENT INFORMATION

DESCRIPTION OF EVENT: (Describe vehicle, property, or event)

Date(s) of Event: _____

PLEASE ATTACH SUPPORTING DOCUMENTS

Please attach a COPY OF THE CONTRACT, AGREEMENT OR FACILITIES USE PERMIT .

Nancy Lopez, ASCIP Risk Services Coordinator
16550 Bloomfield Avenue, Cerritos, CA 90703
Phone: 562-404-8029 - Fax: 562-404-8038 - Email: lopez@ascip.org

5/28/19