

# Chabot-Las Positas Community College District

## Request For Certificate of Insurance

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

<b>Certificate Holder</b> (i.e. The agency requesting the Certificate of Insurance.)
Name: _____
Address: _____
Attn: _____

<b>Description of Operations</b>
_____
_____

<b>Is This a Special Event?</b> (i.e. Is this off campus event a one time thing?)	Yes	No
Event Dates & Time:	_____	
Location:	_____	
Sponsor:	_____	
Participants:	_____	
Details of Event:	_____	
Special Requirements:	_____	

<b>Additional Insured/Additional Covered Party?*</b> (i.e. Is the requesting Agency asking to be an additional insured?)	Yes	No
*If requesting Additional Insured/Additional Covered Party, please forward a copy of the contract or agreement along with the request.		

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

<b>Send To:</b>
Name: _____
Address: _____
Attn: _____