



LIABILITY CERTIFICATE OF COVERAGE (COI) REQUEST

Today's Date: Enter the date you are making the request (allow 5-7 business days for receipt of COI)	
JPA: DO NOT REVISE	
District: DO NOT REVISE	
Contact: DO NOT REVISE	Phone: DO NOT REVISE
Certificate Holder Name & Address	List the Agency who requires the Certificate of Insurance.
Attn:	List the contact person for the agency.
District Contact Requesting this Certificate:	List your name, site, and phone number.
Description of Operations	What will be occurring at this event, what is its purpose?
Is this a Special Event Special events are defined as a one time request (prom, graduation, car wash, etc.) Though it may occur every year; location, date and time can change.	<input type="checkbox"/> One-time event <input type="checkbox"/> Reoccurring or ongoing
	If one-time special event, is the district interested in a special event policy? <input type="checkbox"/> Y <input type="checkbox"/> N
	Event Date(s) & Time Be sure to double-check the event date/time.
	Location Enter the physical address of the event.
	Sponsor Enter the sponsoring school/group.
	# and grade level of Participants/Employees: Enter the grade/school participating and number of participants
	Provide Details of Event Provide a more <u>specific</u> description of the event, include activities going on and participants, etc.
Special Requirements List any special requirements that the certificate holder has asked for.	
Is there an agreement/contract in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, attach to this request/email.	
Do you have something in writing providing insurance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, attach to this request/email.	
If district is using certificate holder's property, please complete the following:	
Is a fee being paid for use of the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there other suitable facilities available (including district property)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the district conducted a physical walk-through of the property for obvious hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cross-Out Endeavor Clause? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No DO NOT REVISE	
Additional Insured / Additional Covered Party <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DO NOT REVISE	

EMAIL COMPLETED FORM TO ROWAN_M@AUHSD.US