LIABILITY CERTIFICATE OF COVERAGE REQUEST



Today's Date:		
JPA: SCR		
District: Anaheim Union High School District		
Contact: Dia	na Gaeta P	hone: 714.999.5657
Certificate Holder Name & Address		
Attn:		
District Contact Requesting this Certificate:		
Description of		
Operations		
Is this a Special Event	☐ Yes ☐ No	
	Event Date(s) & Time	
	Location	
	Sponsor	
	Participants	
	Provide Details of Event	
	Special Requirements	
Agreement/Contract provided?		
Do you have something in writing providing insurance requirements? Yes 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?		
Are there other suitable facilities available (including district property)? Yes No		
Has the district conducted a physical walk-through of the property for obvious hazards? Yes No		
Cross-Out Endeavor Clause		
Additional Insured / Additional Covered Party		