

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Risk Management Office
Certificate of Insurance
Request Form

Please complete this form at least one week prior to the scheduled event.

*Note: The standard limit for most of FHDA policies is one million dollars, if the requesting party has made a special request; please indicate the amount below.

1. Date Certificate Required: YY____ MM ____ DD____
2. Is the Certificate for a "One Shot" Event () or "Renewable" Situation ()?
3. Has a previous Certificate been issued for this? _____
4. Type of coverage requested:
 - () General Liability
 - () Professional or Malpractice Liability
 - () Educational Errors & Omissions
 - () Automobile - Owned
 - () Automobile - Non-Owned
 - () Workers Compensation
 - () Fine Arts
 - () Property
5. Certificate to - (Requesting Party Information)

Company Name:_____

Contact Name:_____

Contact phone #:_____ Fax #:_____

Full Address:_____

6. Is the requesting party asking to appear as an additional insured:
YES () NO ()

7. Activity being performed: _____

(Type of research, name of project, equipment purchase, facilities contract, etc.)

8. Who is Involved in Activity: _____
(i.e. FHDA staff, students, volunteers from where, etc.)

9. Activity Start Date: _____
Activity End Date: _____

10. Person Responsible for this Activity:
Name: _____ Phone # _____
Faculty/Dept: _____

11. Activity Location: _____

12. Contract Involved: YES () NO ()

Please submit a copy of the contract concerning the provisions of insurance needed.

This form must be completed and e-mailed to kellymarsha@fhda.edu or fax to (650) 949-6912 or sent through interoffice mail to Risk Management. If you have any questions or concerns, please call Risk Management at (650) 949-6131.

If you have any questions about the collection or use of this information, contact the Risk Management Office.