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, equip	ment purchase, facilities contract, etc.)
8. Who is Involved in Activity:(i.e. FHDA staff, students, volunteers from	
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 navarroelvia@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) 949-6146.

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