



# RISK MANAGEMENT

## Request for Liability Certificate of Coverage Form

---

### Certificate Holder:

Name:

Address:

City and State:

Contact:

Tel:

---

### Coverage Limits:

Comprehensive General Liability	Amount	\$1,000,000
Comprehensive Automobile Liability	Amount	\$1,000,000
Personal Injury Liability	Amount	\$1,000,000
Fire and Extended Coverage	Amount	\$ 50,000
Auto Comp. & Collision	Amount	Actual Cash Value (ACV)

### Auto Coverage:

<u>District ID#</u>	<u>Year</u>	<u>Type</u>	<u>Model</u>	<u>Vehicle VIN</u>	<u>Actual Cash Value</u>
---------------------	-------------	-------------	--------------	--------------------	--------------------------

Is Additional Covered Party endorsement required?

Yes ☐

No ☐

Is Loss Payee endorsement required?

Yes ☐

No ☐

### Program/Activity:

Please specify type of program, activity, location, dates, time of event, contract or agreement #'s:

**If Certificate is required by a contract or agreement, please attach copies of the contract clauses pertaining to insurance certificates and/or hold harmless requirements.**

Requests for certificates and endorsements for coverage in excess of that provided by SCSRM will be addressed to the proper carrier, agent, or authority:

**District Name:** Chino Valley USD

**District Representative:** Laurie A. Griego, Risk Management Technician

**Date:** 7/13/10

### For District Use:

**Name of Department:** Risk Management

**Contact Person and Phone Number:** Laurie A. Griego – 909-628-1201, ext. 1303

Revised 04/08/2008