

Request for Certificate of Insurance and Endorsements

Date _____

TO:

Nancy Lopez
 ASCIP Technical Assistant
 16550 Bloomfield Avenue
 Cerritos, CA 90703

Phone: 562-404-8029
 Fax: 562-404-8038
lopez@ascip.org

FROM:

District: [Morgan Hill Unified](#)
 Address: [15600 Concord Cir.](#)
[Morgan Hill, CA 95037](#)

Person Requesting: [Allison Murray](#)
 Phone: [408.201.6052](#)
 Fax: _____
 Email: murraya@mhusd.org

CERTIFICATE HOLDER INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Attention: _____

Email Addr: _____

Phone: _____

Fax: _____

MAILING INSTRUCTIONS

CHECK ONE

Send Original To:

Certificate Holder (Copy District)

District (with Copy)

ENDORSEMENT INFORMATION

Please mark which endorsement is needed and list the parties to be named on the appropriate line below.

DO YOU NEED:

ADDITIONAL COVERED PARTY

LOSS PAYEE

List Names to be included as Additional Insureds:

List Names to be included as Loss Payee:

EVENT INFORMATION

DESCRIPTION OF EVENT: (Describe vehicle, property, or event)

A COPY OF THE CONTRACT, AGREEMENT OR USE PERMIT MUST BE ATTACHED.

Date(s) of Event: _____

Limits of General Liability: \$ _____

Other Coverage Limits Requested: \$ _____

SUPPORTING DOCUMENTATION ATTACHED

Alliance of Schools for Cooperative Insurance Programs
 16550 Bloomfield Avenue, Cerritos, CA 90703 (562) 404-8029



Alliance of Schools for Cooperative Insurance Programs