

CERTIFICATE OF INSURANCE REQUEST

TO: Alliant

[Clear Form](#)

Primary Contact: Lokesh Madam
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**FROM: San Diego County and
Imperial County Schools JPA**
Member/District: _____

IMPORTANT! PLEASE SEND INSURANCE REQUIREMENTS YOU HAVE RECEIVED FROM THE ENTITY REQUESTING THE CERTIFICATE IN ORDER TO PROCESS THE CERTIFICATE. A COPY OF THE LEASE AND OR CONTRACT IS NECESSARY TO COMPLY WITH ANY "ADDITIONAL REQUIREMENTS" BELOW.

TODAY'S DATE: _____ **DATE NEEDED:** _____ ☐ **RUSH**

COVERAGE REQUESTED (Check all that apply):

- | | | |
|---|---|---|
| ☐ General Liability | ☐ Automobile Liability | ☐ Workers Compensation |
| ☐ Equipment/Inland Marine (copies, etc.) | ☐ Property | |

Type of event:

Special Instructions:

DATES OF EVENT

From: _____ To: _____

Additional Requirements (When Required by Written Contract)

- | | |
|---|---|
| ☐ Certificate Revision
(Please Note What Revisions Need To Be Made) | ☐ General Liability Waiver of Subrogation |
| ☐ General Liability Additional Insured | ☐ Automobile Liability Waiver of Subrogation |
| ☐ Primary and Non-Contributory Wording | ☐ Workers Compensation Waiver of Subrogation |

CERTIFICATE HOLDER

Name: _____
Attention: _____
Address: _____

**Additional Insured(s) other than Cert Holder
and their interest:** _____

JOB INFORMATION (All operations certificates are not advisable)

In order to limit the scope of coverage provided to the parties above, please provide the following information, if applicable:

Job Number: _____
Job Name: _____
Job Description: _____

Job Location: _____

Contract Name: _____
Contract Number: _____
Phase Number: _____
Contracting Parties: _____
