CERTIFICATE OF INSURANCE REQUEST

TO: Alliant Clear Form
Primary Contact: Lokesh Madam
Email: Lokesh.Madam@alliant.com

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 Additional Insured
☐ Primary and Non-Contributory Wording
☐ General Liability Waiver of Subrogation
☐ Automobile Liability Waiver of Subrogation
☐ 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: _____