

# Request for Certificate of Insurance and Endorsements

ALLIANCE OF  
SCHOOLS FOR  
COOPERATIVE  
INSURANCE  
PROGRAMS



Date: \_\_\_\_\_  
**District:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Person Requesting: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## CERTIFICATE HOLDER INFORMATION - **EVENT LOCATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Attention: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### MAILING INSTRUCTIONS

CHECK ONE Send Original To:  Certificate Holder (Copy District)  District (with Copy)

## ENDORSEMENT INFORMATION

Please mark which endorsement is needed. 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 of permit must be attached if additional insured is needed.**

Date(s) of Event: \_\_\_\_\_  
Limits of General Liability: \$ \_\_\_\_\_  
Other Coverage Limits: \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit this form and all supporting documents to:

**ASCIP**

16550 Bloomfield Avenue, Cerritos, CA 90703

Phone 562-404-8029 | Fax 562-404-8038

[certs@ascip.org](mailto:certs@ascip.org)