



LIABILITY CERTIFICATE OF COVERAGE REQUEST

Today's Date:	
JPA:	
District:	
Contact:	Phone:
Certificate Holder Name & Address (Third party needing proof of District's coverage) Attn:	
Description of Operations	
Is this a Special Event	<div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div> <div>Event Date(s) & Time</div> <div>Location</div> <div>Sponsor</div> <div>Participants</div> <div>Provide Details of Event</div> <div>Special Requirements</div>
Cross-Out Endeavor Clause <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Insured / Additional Covered Party <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please forward a copy of the contract/agreement for documentation. Otherwise, we cannot issue the endorsement.	
Other Additional Insured / Covered Party <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Address	