

Pasadena Unified School District

Request for Certificate of Insurance and Endorsements

DATE: _____

*Person Requesting: _____ Email: _____

*School Name: _____

*Phone and Ext.: _____

EVENT INFORMATION

*DESCRIPTION OF EVENT: (Describe Event to be held - EXAMPLE: 8th Grade Class Picnic)

A COPY OF THE CONTRACT, AGREEMENT OR PERMIT **MUST** BE ATTACHED **** *Contract/Permit # _____

*Date of Event: _____

*Location/Facility: _____

Time of Event: _____

Please check one: _____ One Time Event _____ Yearly Event

CERTIFICATE HOLDER INFORMATION

(Party requesting the information for use of facility)

Example:

City of Pasadena

Parks and Recreation Division

175 N. Garfield Ave.

Pasadena, CA 91109

(626) 744-7275

Contact Name: Ms. Cert Holder

Contact Email: certholder@pas.org

Limits of General Liability: \$1,000,000.00

*Certificate Holder Name: _____

*Address: _____

*City: _____ State: _____ Zip Code: _____

*Phone: _____ Fax: _____

Attn: _____

*Email: _____

*Limits of General Liability: \$ _____

Other Coverage Limits Requested \$ _____

ENDORSEMENT INFORMATION

*List names to be included as Additional Insured: (Refer to the contract under the section Insurance Requirements)

Please send **all** required information to the Business Division/PROCUREMENT office – **Room 102**.

For questions and/or concerns please **call extension 88500**.

ALL REQUESTS REQUIRE 2 WEEKS FOR REVIEW AND PROCESSING.

***REQUIRED FIELDS**

Revised: 9/18/2013