



## LIABILITY CERTIFICATE OF COVERAGE REQUEST

Today's Date:	
JPA:            Keenan & Associates	
District:        Chabot-Las Positas Community College District	
Contact:	
Certificate Holder Name & Address	
Attn:	
Description of Operations	
Is this a Special Event?  <b>[COMPLETE IF THIS IS A ONE- TIME EVENT]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Event Date(s) & Time Location Sponsor Participants Provide Details of Event Special Requirements
Cross-Out Endeavor Clause <input type="checkbox"/> Yes <input type="checkbox"/>	
Additional Insured / Additional Covered Party <input type="checkbox"/> Yes <input type="checkbox"/>	
Other Additional Insured / Covered Party <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Address	