



**LIABILITY
CERTIFICATE OF COVERAGE REQUEST**

Today's Date:	
JPA:	EBSIG
District:	Orinda Union School District
Contact:	Phone:
Certificate Holder Name & Address	
Attn:	
Description of Operations	
Is this a Special Event	<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"/> No	
Additional Insured / Additional Covered Party <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Additional Insured / Covered Party <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Address	