LIABILITY CERTIFICATE OF COVERAGE REQUEST



District: Santa Monica Community College Contact: Glaurys Ariass Phone: 310-434-4102 Certificate Holder Name & Address Attn: Description of Operations	Today's Date:				
Contact: Glaurys Ariass Phone: 310-434-4102 Certificate Holder Name & Address Attn: Description of Operations Is this a Special Event Date(s) & Time: Location: Sponsor: Participants: Provide Details of Event: Special Requirements: Cross-Out Endeavor Clause Yes No Additional Insured / Additional Covered Party Yes No Other Additional Insured / Covered Party Yes No Name &	JPA:	SWACC			
Certificate Holder Name & Address Attn: Description of Operations Is this a Special Event Event Date(s) & Time: Location: Sponsor: Participants: Provide Details of Event: Special Requirements: Cross-Out Endeavor Clause Yes No Additional Insured / Additional Covered Party Yes No Other Additional Insured / Covered Party Yes No Name &	District:	Santa Monica Community College			
Name & Address Attn: Description of Operations Is this a Special Event Date(s) & Time: Location: Sponsor: Participants: Provide Details of Event: Special Requirements: Cross-Out Endeavor Clause Yes No Additional Insured / Additional Covered Party Yes No Name &	Contact:	Glaurys Ariass		Phone: 310-434-4102	
Description of Operations Is this a Special Event					
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Sponsor: Participants: Provide Details of Event: Special Requirements: Cross-Out Endeavor Clause Yes No Additional Insured / Additional Covered Party Yes No Other Additional Insured / Covered Party Yes No Name &			Event Date(s) & Time:		
Participants: Provide Details of Event: Special Requirements: Cross-Out Endeavor Clause Yes No Additional Insured / Additional Covered Party Yes No Other Additional Insured / Covered Party Yes No Name &			Location:		
Provide Details of Event: Special Requirements: Cross-Out Endeavor Clause Yes No Additional Insured / Additional Covered Party Yes No Other Additional Insured / Covered Party No Name &			Sponsor:		
Special Requirements: Cross-Out Endeavor Clause			Participants:		
Cross-Out Endeavor Clause			Provide Details of Event:		
Cross-Out Endeavor Clause			Special Requirements:		
Additional Insured / Additional Covered Party					
Other Additional Insured / Covered Party					
Name &	•				
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