



1830 W. ROMNEYA DRIVE, ANAHEIM, CA. 92801-1819

RISK MANAGEMENT

Phone: (714) 808-4782 Fax: (714) 808-4744 E-mail: rhanifa@nocccd.edu

CERTIFICATE OF INSURANCE REQUEST FORM

Please mail, e-mail, or fax this request, with the necessary back-up information to the Risk Management Office. The expected processing time is 5-10 working days, and the insurance document will be sent to the requestor via e-mail, only. If you have any questions, contact Roselyne Hanifa, Risk Management Technician.

1. The type of insurance document you are requesting is (please check one):

Certificate of Insurance (Proof of Insurance)

Purpose: The agency/company is verifying that NOCCCD is insured

Requirement: Completed request form, skip section #4

Certificate of Insurance and Additional Insured Endorsement

Purpose: The agency/company is requiring to be listed as additional insured under the District's liability insurance

Requirement: Completed form in all sections and a copy of the contract, agreement, or use of facility/use permit requiring the District to insure the other party

2. Event Information (Please print)

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|---|
| Name of Event/Activity: |
| Type of Event/Activity (class, trip, etc.): |
| Location of Event/Activity: |
| Date(s) of Event/Activity: |

3. Certificate Holder Information (Who is asking you to provide proof of insurance?)

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|-----------------------|
| Company/Entity Name: |
| Attention: |
| Address: |
| City: State: Zip: |
| Phone Number: E-mail: |

4. What type of endorsement do you need? (Review the contract and check one)

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| <input type="checkbox"/> Additional Insured/covered party (AI) <input type="checkbox"/> Loss of Payee (for leased equipment/property, only) |
| For AI endorsement: List Names to be included as Additional Insured(s): |
| |
| For Loss Payee Endorsement: List Names to be included as Loss Payee: |
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5. Requestor (Your information)

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|---|
| Name of Staff Requestor: |
| Campus/Department: Phone No/Ext.: |
| E-mail: Date: |
| Administrator's Signature: Phone No/Ext.: |