



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

RISK MANAGEMENT

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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, in the Risk Management Department.

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)

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?)

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)

<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:

5. Requestor (Your information)

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