

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

CERTIFICATE OF INSURANCE REQUEST (For the use, rental or lease of real estate property)

JPA: Statewide Association of Community Colleges
District: Ventura County Community College District

Person to Contact: _____ Phone: _____

Additional Insured Requested: Yes No New: ____ or Reissue: ____

Name & Address of Certificate Holder (Certificate requestor):

Attn: _____

Address of Leased Property: _____ Contract/Details Attached

Area Leased: _____

Effective Date & Contract Length: _____

Complete the following if applicable:

Sponsor: _____

Participants: _____

Special Requirements: _____

Use this form for requesting a certificate of insurance for use of other's facilities by staff or students and for real estate leases (not trailers).