



CERTIFICATE OF COVERAGE REQUEST FORM

Date Requested (Allow 3-5 business days for processing):	
JPA: Bay Area CCD/NCCC JPA	
District: WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT	
Contact Name:	Email:
Certificate Holder Name:	
Attention:	
Address:	
City, State and Zip:	
Description of Operations:	
Is this a Special Event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Event Date(s) & Time (start and end time):	
Location:	
Sponsor name:	
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 If Yes, must forward a copy of the fully-executed agreement for documentation. Otherwise, endorsement cannot be issued.	
Other Additional Insured / Covered Party <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	
Attention (if any):	
Address:	
City, State and Zip:	

Include a copy of fully-executed agreement and submit it with Certificate of Coverage Request Form to General.Services@wvm.edu.