Request for Certificate of Insurance and Endorsements

Date:	
TO: Nancy Lopez	FROM:
ASCIP Technical Assistant 16550 Bloomfield Avenue Cerritos, CA 90703 Phone: 562 404-8029	District:
	Person Requesting:
Fax: 562 404-8038	Phone:
	Fax:
CERTIFICATE HOLDER INFORMATION	
Name:	
	State Zip Code
Attention:Phone:	Fax:
MAILING INSTRUCTIONS:	
CHECK ONE: Send Original To:Certificate	Holder (Copy to District)District (with Copy)
ENDORSEMENT INFORMATION	
Please mark which endorsement is needed and list the parties to be named on the appropriate line below.	
Please mark which endorsement is needed and	l list the parties to be named on the appropriate line below.
Please mark which endorsement is needed and DO YOU NEED:ADDITIONAL COVER	
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List Names to be included as Additional Insureds: List Names to be included as Loss Payee: EVENT DESCRIPTION OF EVENT: (Describe vehicle, proper A COPY OF THE CONTRACT, AGR	INFORMATION ty, or event) EEMENT OR USE PERMIT MUST BE ATTACHED.

Requesting Certificate of Insurance Endorsements (Additional Insureds and Loss Payees)

The following guidelines are designed to assist an ASCIP Member District when an agreement, contract, or use permit has required the District to furnish an outside agency with an additional insured or loss payee endorsement. A Request for Certificate of Insurance and Endorsements form is attached.

The following documentation is required by ASCIP for processing an endorsement:

- 1) Request for Certificate of Insurance and Endorsements (Attached)
- 2) Copy of the Contract, Agreement, or Use Permit

ASCIP prefers to have the complete agreement on file. However, if the District encounters a contract that is excessive in size, the following portions may be extracted and faxed with the request form:

- 1) First page (usually identifies the parties involved, contact number, the description of the program, activity, etc.)
- 2) Complete Insurance and Indemnification Sections
- 3) Schedule of Payments (usually an addendum or exhibit)
- 4) Description of Property (usually an addendum or exhibit)
- 5) Section of Contract that specifies length of agreement (this section appears in a variety of places depending on the agreement structure)

Endorsement requests may be sent to ASCIP via fax or mail. When sending information for endorsements, please remember the more information that is provided to ASCIP, the better protected the District will be in adding an outside agency to the District's insurance. If you have any questions with regard to the language used in an agreement or the agreement's insurance requirements, please call ASCIP.

Once the certificate and endorsement(s) have been processed, ASCIP will mail the original to the certificate holder and a copy to the Member District's contact person. A hard copy is also kept on file at the ASCIP office.

:COI End Requests

