

LIABILITY

CERTIFICATE OF COVERAGE REQUEST

Today's Date:	
JPA:	NCR
District:	Pajaro Valley Unified School District
Contact:	Risk Manager
	Phone: (831) 786-2100 ext. 2532
Certificate Holder Name & Address (Organization requesting certificate)	
Attn: (Phone and Fax number required.)	Attn: Phone # Fax #
Description of Operations	
Is this a Special Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Event Date(s) & Time:
	Location:
	Sponsor (site):
	Participants (number and type, i.e. 6 students, 3 adults):
	Provide Details of Event:
	Special Requirements Need Workers Comp added to existing policy ___Yes ___No
Cross-Out Endeavor Clause <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Insured / Additional Covered Party ___ Yes ___ No	
Other Additional Insured / Covered Party ___ Yes ___ No	
Name & Address	Pajaro Valley Unified School District
	294 Green Valley Road Watsonville, Ca 95076

**** Please note:**

The completed Certificate will be faxed directly to the requesting organization.
Please allow at least 3 weeks.

Email, fax, or pony requests to:

Risk Management

Phone: (831) 786-2100 ext. 2532

Fax: (831) 728-8160

kathy.fuentes@pvusd.net (temporary email address)