

PLEASE TYPE OR PRINT CLEARLY

**Instructions for student:**

1. Fill out form completely – BOTH PAGES - Get your instructor’s signature or email approval
2. “Name of the Organization” needs to be a Municipality, Business Owner, Landlord, etc.
3. Include a good **email address** or fax for the Organization – documents must be sent directly to the business or municipality - **not to the student**
4. If you have a contract for shooting with the Organization, submit a copy
5. Liability Insurance is for your location only. Does not cover cast, crew & equipment
6. Send all to department chair ([vaughnje@lacitycollege.edu](mailto:vaughnje@lacitycollege.edu)) or Communications Room# 181

**REQUEST FOR A CERTIFICATE OF LIABILITY INSURANCE**

(Submit at least TWO WEEKS before shooting date)

Date Request Submitted \_\_\_\_\_

Name of Student \_\_\_\_\_ Student ID# \_\_\_\_\_

Student Phone numbers (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Student Email address \_\_\_\_\_

**Class: Cinema 2 or 33 - Approved by Instructor** (Instructor’s Signature) \_\_\_\_\_  
(email approval by instructor OK)

<p><b>Name of Organization or Individual Requesting the Certificate of Insurance:</b></p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Name of Organization Contact person _____</p> <p>Telephone Number:(____) _____ Fax Number (____) _____</p> <p><b>Organization Email address</b> _____</p>
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Length of time insurance coverage is required. From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(mm/dd/yyyy – If not sure of the exact dates add a few days before & after the shoot.)

**Date Certificate of Insurance is Needed by the Organization** \_\_\_\_\_

Submit this form by email or in person to the Los Angeles City College Cinema-Television Department:

**Jen Vaughn, Chair** Phone: (323) 953-000 ext. 2631  
**Communications Building - Office 181** Email: [vaughnje@lacitycollege.edu](mailto:vaughnje@lacitycollege.edu)

ALL REQUESTS FOR CERTIFICATES OF INSURANCE MUST BE SUBMITTED NO LATER THAN **TWO WEEKS** PRIOR TO THE REQUESTING ORGANIZATION NEEDING THE CERTIFICATE OF INSURANCE. PLEASE NOTE ANY REQUEST FOR CERTIFICATES OF INSURANCE SUBMITTED **LESS THAN ONE WEEK PRIOR** TO THE REQUESTING ORGANIZATION’S DEADLINE, MAY NOT BE READY IN TIME. **THE CERTIFICATE OF INSURANCE WILL BE EMAILED DIRECTLY TO THE ORGANIZATION REQUESTING THE CERTIFICATE.**

# Risk Management Request for Certificate of Insurance

Requester: Name: Student: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

A copy of the certificate will be sent to the e-mail address listed above. An original will be mailed to the certificate holder.

College:  City  Mission  Trade  
 East  Pierce  Valley  
 Harbor  Southwest  West

Needed by: Date: \_\_\_\_\_  
Term: Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

Do you need the certificate renewed on an annual basis?  
 Yes  No

Certificate Holder: Name: Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
Providing an email address will enable us to email a copy of the certificate to the certificate holder.

Does certificate holder need to be named as an additional insured?  
 Yes  No

Reason for Certificate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_