Instructions for student:
1. Fill out form completely
2. Get your instructor’s signature
3. Submit to department chair (Vaughn Obern) Room CC#181

REQUEST FOR A CERTIFICATE OF LIABILITY INSURANCE
This Liability Insurance is for your location only. Your crew, cast and equipment are not covered.

PLEASE TYPE OR PRINT CLEARLY
Date Request Submitted: __________
Name of Student (Requestor)_________________________ ID#_________________________
Phone number: (Day)_________ ___________ (Night)_________________________
Email address_____________________________

Class: Cinema 33/TV55 Approved by: (Instructor’s Signature): ________________

Name of Organization or Individual Requesting the Certificate of Insurance:
(All Information is required) _______________________________________________________
Address: ___________________________________________________________________
City, State, and Zip: ___________________________________________________________________

Name of Organization Contact person_____________________________
Telephone Number: __________________ Fax Number: __________________
Email address: __________________________

Length of Time Insurance Coverage is Required (example: Sept 10 - Sept 20, 2010)
__________________________________________________________________________

Date Certificate of Insurance is needed by the Organization: __________

Submit this form by fax or email to the Los Angeles City College Cinema-Television Department Chairman, Vaughn Obern. Communications Building: Office 181, Phone: (323) 953-000 ext. 2627 Fax: 323 954-4013 email:obernvg@lacitycollege.edu

Approved by Vaughn Obern: ________________

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 NEEDING THE CERTIFICATE MAY NOT BE PROVIDED BY THE ORGANIZATION’S DEADLINE. THE CERTIFICATE OF INSURANCE WILL BE FAXED OR EMAILED TO THE ORGANIZATION REQUESTING THE CERTIFICATE.