

**LIABILITY**  
**CERTIFICATE OF COVERAGE REQUEST**

<b>Today's Date:</b>	
<b>JPA:</b> NCR	
<b>District:</b> Pajaro Valley Unified School District	
<b>Contact:</b> Risk Manager	<b>Phone:</b> (831) 786-2100 ext. 2532
<b>Certificate Holder Name &amp; Address (Organization requesting certificate)</b>	
<b>Attn: (Phone and Fax number required.)</b>	<b>Attn:</b> <b>Phone #</b> <b>Fax #</b>
<b>Description of Operations</b>	
<b>Is this a Special Event</b>	<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	
<b>Cross-Out Endeavor Clause</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Additional Insured / Additional Covered Party</b> ___ Yes     ___ No	
<b>Other Additional Insured / Covered Party</b> ___ Yes     ___ No	
<b>Name &amp; Address</b>	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](mailto:kathy.fuentes@pvusd.net) (temporary email address)