



Southern California Conference
 Risk Management Department
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(818) 818-546-8484 RiskMgmt@SccSda.org

REQUEST FOR CERTIFICATE OF INSURANCE (COI) & ADDITIONAL INSURED

Form must be COMPLETE to be processed. Missing information will DELAY your request.
Allow 1 to 2 weeks for processing.

SECTION I: Your entity's (church/school/other SCC entity) information

1. Church/School name _____
2. Your name and title _____
3. Your contact information: Phone _____ Fax _____
 Email _____
4. Reason for COI Request:
 - Activity Insurance**
 Description of activity/event _____

 Beginning Date _____ Ending Date _____
 - Property/Equipment Insurance (Must attach copy of you lease)**
 Description of equipment _____
 Value \$ _____ Model # _____ Serial # _____ Loan # _____

SECTION II: Certificate Holder Information (rental company/facility that is requiring insurance)

1. Company/Facility _____
2. Company Address _____
 City _____ State _____ Zip _____
3. Location address if different _____
 City _____ State _____ Zip _____
4. Contact person _____ Phone _____
 Email _____
5. Additional insured information (attached documentation with required language)

Your signature _____ **Today's date** _____
Attach a copy of your lease or use agreement