



Foothill-De Anza Community College District

Requester Name:		
Requester Phone Number:		Requester Email:

- Evidence of Insurance (Property, Liability, Auto, Workers Comp¹)
- Medical Malpractice (Internship)
- Additional Insured (Requester must provide copy of the contract agreement)
- Other Endorsement:
- RUSH Flag Date Needed By:

Certificate Holder			
Name:			
Attention:			
Address:			
City, State, Zip Code:			
Fax Number:		Email:	

Description of Event (Include Date, Address and Short Description):

Internship Description (Include College Name, Program Name and Student Name):

Special Instructions (Please provide email or mailing address to send certificate to, with any special instructions):

- Send the completed form to risk@fhda.edu for processing.
- Label "**Certificate of Insurance Request**" and "**Certificate Holder Name**" on email subject line.
- All certificates will be sent by our insurance broker to both Risk Management at risk@fhda.edu with a copy sent to the Certificate Holder via mail or email, if provided in **Special Instructions**.
- ¹**Direct Worker's Compensation Certificate** requests to *Beijing Li* at LiBeijing@fhda.edu.