



# Foothill-De Anza Community College District

Requester Name:		Requester Email:
Requester Phone Number:		

- Evidence of Insurance (Property, Liability, Auto, Workers Comp<sup>1</sup>)
- 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](mailto: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](mailto:risk@fhda.edu) with a copy sent to the Certificate Holder via mail or email, if provided in **Special Instructions**.
- <sup>1</sup>**Direct Worker's Compensation Certificate** requests to *Beijing Li* at [libeijing@fhda.edu](mailto:libeijing@fhda.edu).