Foothill-De Anza Community College District

Requester Name: Requester Phone Number: Requester Email:

- ☐ Evidence of Insurance (Property, Liability, Auto, Workers Comp[1]) (*Include a copy of signed contract agreement)
- ☐ Medical Malpractice (Internship)
- ☐ Additional Insured (*Requester must provide copy of the signed 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.*