

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

CERTIFICATE OF COVERAGE REQUEST

Today's Date:	
JPA:	NCR
District:	Pajaro Valley Unified School District
Contact:	Risk Manager
	Phone: (831) 786-2100 ext. 2532
Certificate Holder Name & Address (Organization requesting certificate)	
Attn: (Phone and Fax number required.)	Attn: Phone # Fax #
Description of Operations	
Is this a Special Event	<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
Cross-Out Endeavor Clause	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Additional Insured / Additional Covered Party	___ Yes ___ No
Other Additional Insured / Covered Party	___ Yes ___ No
Name & Address	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, or pony requests to:

Risk Management
Phone: (831) 786-2100 ext. 2532
veronica_moran@pvusd.net