

LOS ANGELES COMMUNITY COLLEGES

 $\mathsf{City} \bullet \mathsf{East} \bullet \mathsf{\ Harbor} \bullet \mathsf{\ Mission} \bullet \mathsf{\ Pierce} \bullet \mathsf{\ Southwest} \bullet \mathsf{\ Trade-Technical} \bullet \mathsf{\ Valley} \bullet \mathsf{\ West}$

ADMINISTRATIVE OFFICES

Los Angeles Community College District Risk Management Request for Field Trip Insurance Rider

Are these Los Angeles Community College District Students? If not, who are the students participating in the field trip?

College:	
Program:	
Program Specialist:	
Program Technician:	
Event:	
Event Date:	
Event Time:	a.m. to p.m.
Participants:	No. of Chaperones
	No. of Students
Transportation:	
If a certificate of insurance is a available a copy of an agreen	lso to be issued, please provide the following information (if nent):
Agency Name:	
Agency Address:	
Contact Person:	
Fax and Telephone Number:	
Insurance Requirement(s):	
. , , , ,	
Date Certificate of Insurance is needed by the agency:	



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ADMINISTRATIVE OFFICES

Submit all requests for field trip riders/insurance coverage on this form to:

Sherri D. Beloney Hatcher Risk Management District Office, 3rd Floor (213) 891-2490 (Fax) or via Courier Mail

Please feel free to direct any questions to Sherri at (213) 891-2330 or Leo Costantino at (213) 891-2461.

YOU MUST SUBMIT ALL REQUESTS FOR FIELD TRIP COVERAGE NO LATER THAN TWO WEEKS <u>PRIOR</u> TO THE DATE THAT THE REQUESTING AGENCY NEEDS THE CERTIFICATE OF INSURANCE OR PROOF OF COVERAGE. PLEASE NOTE THAT ANY REQUEST FOR CERTIFICATE(S) OF INSURANCE OR PROOF OF COVERAGE THAT IS SUBMITTED LESS THAN TWO WEEKS PRIOR TO THE DATE THAT THE REQUESTING AGENCY NEEDS THE CERTIFICATE OR PROOF OF COVERAGE MAY NOT BE PROVIDED BY THE AGENCY'S DEADLINE.