

Alameda County Schools Insurance Group

WORKERS COMPENSATION CERTIFICATE OF COVERAGE REQUEST

Today's Date:	
JPA: Alameda County Schools Insurance Group	
District:	
Contact:	Phone:
Certificate Holder Name & Address	
Attn:	
Description of Operations	
Is this a Special Event	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Event Date(s) & Time
	Location
	Sponsor
	Participants
	Provide Details of Event
	Special Requirements
Cross-Out Endeavor Clause <input type="checkbox"/> Yes <input type="checkbox"/> No	