Request for Certificate of Insurance

Loyola Marymount University School of Film & Television

Student Name:______________________ Production Name:______________

Certificate Holder Name:__________________________________________

Contact Name:____________________________________________________

Address:________________________________________________________

City, State, Zip:__________________________________________________

Phone:_______________ Fax:________________________

Email:____________________

The proposed Certificate Holder is a:

☐ Manager or Lessor of Premises (i.e. Landlord)
  Dates premises will be occupied:________________________

☐ Lessor of Leased Equipment (i.e. Rental House)
  Dates Equipment will be picked up & returned:_______________

☐ State or Political Subdivision (i.e. City of LA)

☐ Other- Please Describe:_______________________________________

• If "other", please describe who they are & why they’re requesting a certificate.

• Please also attach copy of any written agreement that requires that they be named as Additional Insured on a Certificate of Insurance.

• The underwriter will have to review both, approve, and possibly charge an additional premium for anyone other than the first three listed above.

• NOTE: Most contracts with parties above or Film Permit offices have specific insurance requirements & certificate requirements, either outlined in a written contract or on some other document. Please also attach those to any certificate request, as applicable.

Attn: Veronica Hansen
Administrative Coordinator
Risk Management/Loyola Marymount University
One LMU Drive, Los Angeles, CA 90045
Phone: 310.338.1829   Fax: 310.338.2732   Email: vhansen@lmu.edu