



Request for Certificate of Insurance

Arthur J. Gallagher & Co.

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
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