



STATE CENTER COMMUNITY COLLEGE DISTRICT  
CONTRACT/AGREEMENT/GRANT APPROVAL COVER SHEET

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**Insurance (If requested):**

Certificate Holder:

(Name of Organization/Facility) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Endorsements: (If yes, choose which)

Additional Insured Covered Party

Loss Payee

Name(s) of Additional Insured: \_\_\_\_\_

Name(s) of Loss Payee: \_\_\_\_\_

Event Name: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Limits of General Liability: \_\_\_\_\_

Other Coverage Limits Requested: \_\_\_\_\_

**Note: Signed copy of current agreement must accompany insurance request.**

Additional Notes: