

PEPPERDINE

REQUEST FOR CERTIFICATE OF INSURANCE

Student Information		
Name:		Date:
Email:		Phone:
Course Information		
Course #	Course Title	
Project Information		
Project Title:		
Project Dates:	Start Date	End Date
Holder Information (The Person, Business, or Location who has asked you for a certificate of insurance)		
Name:		
Address:		
Attention (If applicable):		
Certificate Category		
If you are renting equipment, please fill out the Equipment Rental section only.		
If you are securing a location permit/utilizing a professional service, please fill out the General Liability section only.		
Equipment Rental		
Rental Dates	Pick Up Date	Return Date
Equipment Type (Check one category)	Film Equipment	Props/Sets/Wardrobe
	<input type="checkbox"/>	<input type="checkbox"/>
Total Replacement Value of Equipment:		
General Liability		
Reason for Certificate (Check one category)	Evidence for Location/Permit	Evidence for Individual/Service
	<input type="checkbox"/>	<input type="checkbox"/>
Date(s) the Location/Service will be used:		
Is the entity/individual asking for a separate endorsement form? If so please, describe.		

Please email a copy of this completed form to Sara Fernandez and the Student Production Office
peppspo@pepperdine.edu