

Chapman University Lawrence and Kristina Dodge College of Film and Media Arts
Certificate of Insurance Request Form (Location)
ARTHUR J. GALLAGHER & CO.
(Allow 5 working days to process)

Date _____

Student Name: _____

Phone #'s: (cell) _____ (other) _____

Student ID # _____ Email Address _____

Project name: _____ Course # _____

Course Title _____ Professor's Name _____

Name of the Certificate Holder: _____

(Please verify with your location. The Certificate Holder sometimes differs from the actual location.)

Address w/ zip code _____

Contact Name _____

(at location for certificate holder)

Phone: () _____ Fax: () _____

(necessary in order to fax to certificate holder)

Address of Location if Different than Certificate Holder

(street address)

(City)

(State)

(Zip)

Date Certificate Needed by: _____

(Date)

Shoot Dates:

Start _____ Finish _____

Additional Needs and Requirements of the location (if any). *Attach copy if available.*

Submit completed form to: DeMille Hall 112, Attention Michele Kennedy
(rev.4/18/06)