

LOS ANGELES COMMUNITY COLLEGES

CITY EAST HARBOR MISSION PIERCE SOUTHWEST TRADE-TECHNICAL VALLEY WEST

ADMINISTRATIVE OFFICES

Risk Management Request for Field Trip Insurance Rider

			LAVC Con	trol Number:
Are these Los Angeles College District Student		es o		
If not, who are the stude participating in the field				
College:				
Program:				
Program Specialist:				
Program Technician:				
Event:				
Event Date:				
Event Time:	Start Time:	AM PM	End Time:	☐ AM ☐ PM
Participants:	No. of Chaperone	S:	No. of Students:	
Transportation:				

If a certificate of insurance is also to be issued, please provide the following information (and if available, a copy of an agreement):

Agency Name:					
Agency Address:					
Contact Person:					
Contact Numbers:	Telephone:	Fax:			
Insurance Requirements:					
Date Certificate of Insur	ance is needed by the ag	gency:			

PLEASE SEE THE NEXT PAGE



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All requests for field trip coverage must be submitted no later than two weeks <u>prior</u> to the requesting agency needing the certificate of insurance or proof of coverage. Please note any request for certificates of insurance or proof of coverage submitted <u>less</u> than two weeks prior to the requesting agency needing the certificate or proof of coverage may not be provided by the agency's deadline.

Los Angeles Valley College Submission Instructions- ForClubsOnly This is a digital form that is to be completed on your computer and submitted by email. Faculty Club Advisors complete this form, include a list of students & ID numbers, along with chaperone information. Once completed email to: Lynda Tovar at tovarlm@lavc.edu Monica Flores at floresm10@lavc.edu