



Name of requester: STUDENT NAME Date: CURRENT DATE  
 Department: Communication Studies Department Phone #: STUDENT PHONE #  
 Do you need a copy of the certificate?  Yes  No (If yes, it will be emailed to you)  
 Email Address: STUDENT EMAIL

Date needed: CURRENT DATE

Type of insurance:  Evidence of Liability Insurance  Additional Insured\*  
 Loss Payee  Additional Insured\* & Loss Payee  
 \*Must provide an electronic copy of the contract or agreement to be sent to the insurer

Coverage type:  General Liability  Auto Liability  
 Worker's Compensation  Property or Auto Physical Damage  
 Property  Other: \_\_\_\_\_

Limit Requested: \$1 million

Company Name: City of Sacramento

Company Address: 915 I Street  
Sacramento, CA 95814

Point of Contact Name: Jennifer West

Fax Number: \_\_\_\_\_

Email: FilmOffice@cityofsacramento.org

Description of Activities (Include location, date, and description of activities or lease):

**PUT YOUR FILMING ACTIVITIES HERE, INCLUDING DATES AND LOCATION WITH ZIP CODE**

**FOR THE CITY OF SACRAMENTO WRITE THE FOLLOWING: We need an additional insured endorsement for General Liability listing "The City of Sacramento, its officers, agents, officials, employees, and volunteers" as additional insureds.**

**RMS Office Use Only**

Name	Date of request	Email Contract	Cert. Arrival Date	Email Certificate