



LOS ANGELES COMMUNITY COLLEGES

CITY • EAST • HARBOR • MISSION • PIERCE • SOUTHWEST • TRADE-TECHNICAL • VALLEY • WEST

ADMINISTRATIVE OFFICES

Los Angeles Community College District
Risk Management
Request for Field Trip Insurance Rider

Are these Los Angeles Community College District Students? If not, who are the students participating in the field trip?

College: _____

Program: _____

Program Specialist: _____

Program Technician: _____

Event: _____

Event Date: _____

Event Time: _____ a.m. to _____ p.m.

Participants: _____ No. of Chaperones _____ No. of Students

Transportation: _____

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

DO NOT WRITE BELOW THIS LINE

Agency Name: _____

Agency Address: _____

Contact Person: _____

Fax and Telephone Number: _____

Insurance Requirement(s):

Date Certificate of Insurance is needed by the agency: _____
