



LOS ANGELES UNIFIED SCHOOL DISTRICT

REQUEST FOR PROOF OF SELF-INSURANCE (EXHIBIT B)

This form is only utilized when a facility/organization requires proof of self-insurance from LAUSD which is required in a signed agreement, contract or permit.

PLEASE FORWARD SIGNED AGREEMENT, CONTRACT OR PERMIT ALONG WITH THIS REQUEST.

School/Office/LAUSD Location: _____

Date of Request: _____ Date Certificate is needed: _____

Reason for Request: Athletic Tournament Lease/Rental Other

(For Field Trips Only): Pre-Approved Site Non-Routine Field Trip

(Please forward a copy of the "Request for Approval of School Organized Trip for Students" with this request)

Name/Title (LAUSD Contact): _____

School/Department/Facility Address: _____

Phone: (____) _____ Fax: (____) _____ E-Mail: _____
(Please Print Clearly)

Name of Event/Contract/Lease: _____

(Please provide a copy of any agreement with this request)

Date(s) of Event/Contract/Lease: _____

Site or location of Event/Lease: _____

Description of Event/Lease/Rental: _____

(PLEASE PROVIDE A COMPLETE AND FULL DESCRIPTION OF THE FIELD TRIP, EVENT, LEASE, or GRANT. THE ACTIVITY MUST MEET THE SAFETY AND RISK STANDARDS OF LAUSD AS ESTABLISHED BY THE OFFICE OF ENVIRONMENTAL HEALTH & SAFETY (OEHS) AND RISK MANAGEMENT)

Please check: Inflatable Equipment Vendor(s) Street Closure Carnival Fair Jumpers
 Aquatic Activities Animals Health Fair Picnic Other

Certificate Holder Name: _____

(Name of non-LAUSD organization requesting the certificate)

Certificate Holder Address: _____

Certificate Holder Phone: (____) _____ Fax (____) _____ E-Mail _____

Contact Person: _____

An original certificate will be sent to the certificate holder. Please advise if you would like a copy.

Please forward completed form to: Risk Management & Insurance Services – riskfinance@lausd.net
333 South Beaudry Avenue, 28th Floor, Los Angeles, CA 90017. FAX (213) 241-8956