



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 THE 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 ☐ Field Trip ☐ Other

Name/Title (LAUSD Contact): _____

School/Department/Facility Address: _____

Phone: (____) _____ E-Mail: _____

Name of Event/Contract/Lease/Field Trip: _____

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

Site or location of Event/Contract/Lease/Field Trip: _____

Description of Event/Contract/Lease/Field Trip:

(Please provide a full description of the event/contract/lease/field trip. The activity must meet the safety and risk standards of LAUSD as established by the Office of Environmental Health and Safety (OEHS) and the Risk Management Department.

Please check the description that best applies to your event/lease/field trip:

☐ Inflatable Equipment ☐ Vendor(s) ☐ Street Closure ☐ Carnival/Fair ☐ Jumpers

☐ Aquatic Activities ☐ Animals ☐ Health Fair ☐ Picnic ☐ Other

Certificate Holder Name: _____

Certificate Holder Address: _____

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

Contact Person: _____

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

Please forward the completed request form to the Risk Management Department at riskfinance@lausd.net