Chabot-Las Positas Community College District

Request For Certificate of Insurance

Name: Chad McMullen **Dept:** Public Safety

Certificate Holder (i.e. The agency requesting the Certificate of Insurance.)

Name: Doctors Medical Center of Modesto, Inc

Address: 1441 Florida Avenue
Modesto, Ca 95354

Attn:

Description of Operations

Offsite Paramedic Clinical Internships.

Is This a Special Event? (i.e. Is this off campus event a one time thing?) Yes ☐ No ☒

Event Dates & Time:

Location:

Sponsor:

Participants:

Details of Event:

Special Requirements:

Additional Insured/Additional Covered Party?* Yes ☐ No ☒

(i.e. Is the requesting Agency asking to be an additional insured?)

*If requesting Additional Insured/Additional Covered Party, please forward a copy of the contract or agreement along with the request.

Comments:

Coverage Required for Internships

Send To:

Name: Doctors Medical Center of Modesto, Inc.

Address: 1441 Florida Avenue
Modesto, Ca 95354

Attn: Warren Kirk