



# ASCIP OCIP PARTICIPATION & BINDING OF COVERAGE AUTHORIZATION

## Authorized Representative Contact Information

Contact Person & Title: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

District/College/Charter School: \_\_\_\_\_

## Information Needed to Bind Insurance Coverage

- Name of the Project: \_\_\_\_\_
- Project Address: \_\_\_\_\_
- Hard Construction Cost Value       \$ \_\_\_\_\_
- Estimated Start & Completion Dates: \_\_\_\_\_ to \_\_\_\_\_

I hereby authorize the participation in the ASCIP's OCIP Program and the binding of coverage for the above referenced project(s).

Authorized Signature to Bind Coverage: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

**Please email or fax this document to:** Felicia Williams, OCIP Program Analyst  
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(562) 404-8038 Fax