



SIDA VEHICLE DECAL PROGRAM
SUBMISSION AND APPROVAL FORM
(USED TO SUBMIT INSURANCE INFORMATION TO RISK MANAGEMENT)

DATE OF INITIAL SUBMISSION: _____

REQUESTOR INFORMATION

SIDA VEHICLE DECAL PROGRAM APPLICANT / SIGNATORY INFORMATION

TENANT or DOA DIVISION / DEPARTMENT: _____

SIGNATORY NAME and BADGE NUMBER: _____

SIGNATORY CONTACT TELEPHONE #: _____

SIGNATORY CONTACT EMAIL ADDRESS: _____

SUBTENANT / VENDOR CONTACT NAME: _____

SUBTENANT / VENDOR CONTACT TELEPHONE #: _____

(IF APPLICABLE) SUB-TENANT / VENDOR INSURANCE CONTACT INFORMATION

SUBTENANT / VENDOR NAME: _____

SUBTENANT / VENDOR INSURANCE POC NAME: _____

SUBTENANT / VENDOR INSURANCE POC PHONE #: _____

Email completed Form, Application, and supporting documents to:
INSURANCE@LASairport.com with a copy to **SIDAd decals@LASairport.com**

RISK MANAGEMENT OFFICE USE ONLY BELOW THIS LINE

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PROOF OF INSURANCE APPROVED

APPROVAL DATE: _____ APPROVED BY: _____

APPROVED TERMS:

EXPIRATION DATE: _____

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APPLIES TO ALL VEHICLES / EQUIPMENT
-- OR --

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APPLIES TO ONLY THE FOLLOWING LISTED VIN / SERIAL NUMBERS:

