

Certificate of Insurance Request Form
Department of Risk Management & Insurance

Contact Information

Your Name: _____

Your Department or Organization: _____

Campus Address: _____

Telephone Number: _____ E-mail: _____

Certificate Holder Information

Organization Name: _____

Address: _____

Phone #: _____ FAX# _____

Contact Name and E-mail: _____

Event Dates: Start date : _____ End date : _____

Event Description:

Is the Certificate holder required to be named as additional Insured? Y

Type of insurance verification requested

Check all that apply and include liability limits of each

General Liability \$ _____

Automobile Liability \$ _____

Professional Liability \$ _____

Excess / Umbrella Liability \$ _____

Other \$ _____

Form