



Certificate of Insurance Request Form

Department of Risk Management & Insurance

Requestor Information

Your Name: _____

Your Department or Organization: _____

Campus Address: _____

Telephone Number: _____ E-mail: _____

Certificate Holder Information – this is the party that receives the certificate

Organization Name: _____

Address (street, city, state, zip): _____

Contact Name: _____

Contact Phone: _____ E-mail: _____

Event Description: _____

Event Dates: Start date: _____ End date: _____

RSP Proposal #: _____ RSP Banner Grant #: _____

Is the Certificate holder required to be named as additional Insured? -Yes or No _____

Type of insurance (check all that apply) and include liability limits of each
Please provide a copy of the contract language pertaining to insurance, if possible.

___ General Liability \$ _____

___ Automobile Liability \$ _____

___ Garage Liability \$ _____

___ Excess / Umbrella Liability \$ _____

___ Other (specify type) _____ \$ _____

Return to: Office of Risk Management
Attn: Lura Clapper 220 University Hall
Phone: 937/775-3908 Fax: 937/775-2336
Email: lura.clapper@wright.edu