

..... CfY[cb'GHUy'I b]j Yfg]hm

C9FH= 75H9'C: BGI F5B79'F9EI 9GH: CFA

Email to TknIO cpci go gpv: t knB qt gi qpucw0gf w

For Urgent Needs Contact by Phone: RcvkEj qcv'bv763/959/3545'qt
Ej t knpc'O eMpli j v'bv763/959/6; 79

Rgcug'cmjy 'bv'lgcu'5'q'7'dwulpgu'f c{ u'bhgt 'lwdo lwpi 'bnitgs wlt gf 'lphqt o cvkqp'vq'tgegk'vj g'egt vllccv'0'

Date of Request:		Date Needed By:	
Dates of Event/Activity:			

Requestor Information

Institution Name:			
Risk Management Contact:		Email:	Phone:
Requestor P co gIVkrg:			F gr v:
Telephone Number:Go aks:.....	Hz<	

Certificate Holder Information - Exact name as it should appear on the certificate. Must include mailing address, contact person and email or fax number.

Certificate Holder:			
Street Address:			
City, State, Zip Code:			
Attention (Name, Title, Dept.):			
Email:		Fax:	

Coverage & Limit Information – What type of insurance is required and what limits are needed? Please attach copy of request or contract from your customer, vendor, supplier, etc

Coverages	Limits Required
<input type="checkbox"/> General Liability: \$1,000,000 Self Insurance	
<input type="checkbox"/> Auto Liability: \$1,000,000 Self Insurance	
<input type="checkbox"/> Excess / Umbrella Liability	Limit Required:
<input type="checkbox"/> Liquor Liability	Nlo k'Tgs wlt gf <
<input type="checkbox"/> Property	Nlo k'Tgs wlt gf <
<input type="checkbox"/> Fine Arts: Contact Risk Management for Fine Arts Request Form	
<input type="checkbox"/> Student Medical Professional	Limit Required:
<input type="checkbox"/> Employee Medical Professional	Limit Required:
<input type="checkbox"/> Workers' Compensation	State of Employment:
<input type="checkbox"/> Other:	Limit Required:

Additional Insureds / Interests - If vendor requires specific clauses, please indicate below (Check all that apply)

<input type="checkbox"/> Additional Insured – General Liability	<input type="checkbox"/> Nqu'Rc { gg" , , Tgxky "Tgs wlt gf , ,
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Description of Operations - Include description of the Scope of Work, dates of activity, location and contract number. For Property (owned, leased, or rented by QUW) include description of property including serial number if available, value of property and location address.

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Distribution/y j q'tj qwf 'tgegk'vj g'egt vllccv'cpf 'd{ 'y j lej 'b gcpu'Vj g'eqpcev'lphqt o cvkqp'rt qxl' gf 'tdqxg'y knidg'wugf 0

Original to:	<input type="checkbox"/> Certificate Holder	<input type="checkbox"/> By Mail	<input type="checkbox"/> By Email	<input type="checkbox"/> By Hz
Copy to:	<input type="checkbox"/> Requestor:		<input type="checkbox"/> By Email	<input type="checkbox"/> By Hz
Copy to:	<input type="checkbox"/>		<input type="checkbox"/> By Email	<input type="checkbox"/> By Hz
Copy to:	<input type="checkbox"/> Risk Management:			

Special Instructions:

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