

Certificate of Insurance Request Form Guide

A. Email completed form to risk@oregonstate.edu

B. Date of request: today's date;
Date needed by: date the certificate is needed

C. Information of individual filling out this request form

D. Information of entity requesting the certificate

E. Refer to contract for coverage and limit requirements

F. If additional insured status is required, refer to contract for exact wording. If loss payee is required, contact Enterprise Risk Services.

G. Describe operations in detail

H. Please indicate how certificate should be distributed

I. If necessary, please list special instructions in this box

Version Date: 2-18-15																						
Oregon State University																						
CERTIFICATE OF INSURANCE REQUEST FORM																						
<p style="text-align: center;">Email to Risk Management: risk@oregonstate.edu</p> <p style="text-align: center;">For Urgent Needs Contact by Phone: Patti Choate at 541-737-1323 or Christina McKnight at 541-737-4957</p> <p style="text-align: center;">Please allow at least 3 to 5 business days after submitting all required information to receive the certificate.</p>																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date of Request:</td> <td style="width: 50%;">Date Needed By:</td> </tr> <tr> <td>Dates of Event/Activity:</td> <td></td> </tr> </table>	Date of Request:	Date Needed By:	Dates of Event/Activity:																			
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<p>Certificate Holder Information - Exact name as it should appear on the certificate. Must include mailing address, contact person and email or fax number.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Certificate Holder:</td><td></td></tr> <tr><td>Street Address:</td><td></td></tr> <tr><td>City, State, Zip Code:</td><td></td></tr> <tr><td>Attention (Name, Title, Dept.):</td><td></td></tr> <tr><td>Email:</td><td>Fax:</td></tr> </table>	Certificate Holder:		Street Address:		City, State, Zip Code:		Attention (Name, Title, Dept.):		Email:	Fax:												
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<p>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</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Coverages</th> <th>Limits Required</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> General Liability: \$1,000,000 Self Insurance</td><td></td></tr> <tr><td><input type="checkbox"/> Auto Liability: \$1,000,000 Self Insurance</td><td></td></tr> <tr><td><input type="checkbox"/> Excess / Umbrella Liability</td><td>Limit Required:</td></tr> <tr><td><input type="checkbox"/> Liquor Liability</td><td>Limit Required:</td></tr> <tr><td><input type="checkbox"/> Property</td><td>Limit Required:</td></tr> <tr><td><input type="checkbox"/> Fine Arts: Contact Risk Management for Fine Arts Request Form</td><td></td></tr> <tr><td><input type="checkbox"/> Student Medical Professional</td><td>Limit Required:</td></tr> <tr><td><input type="checkbox"/> Employee Medical Professional</td><td>Limit Required:</td></tr> <tr><td><input type="checkbox"/> Workers' Compensation</td><td>State of Employment:</td></tr> <tr><td><input type="checkbox"/> Other:</td><td>Limit Required:</td></tr> </tbody> </table>	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	Limit Required:	<input type="checkbox"/> Property	Limit Required:	<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:
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<p>Additional Insureds / Interests - If vendor requires specific clauses, please indicate below (Check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Additional Insured – General Liability</td> <td style="width: 50%;"><input type="checkbox"/> Loss Payee ***Review Required***</td> </tr> </table>	<input type="checkbox"/> Additional Insured – General Liability	<input type="checkbox"/> Loss Payee ***Review Required***																				
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<p>Description of Operations - Include description of the Scope of Work, dates of activity, location and contract number. For Property (owned, leased, or rented by OSU) include description of property including serial number if available, value of property and location address.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																						
<p>Distribution - who should receive the certificate and by which means. The contact information provided above will be used.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Original to:</td> <td style="width: 25%;"><input type="checkbox"/> Certificate Holder</td> <td style="width: 25%;"><input type="checkbox"/> By Mail</td> <td style="width: 25%;"><input type="checkbox"/> By Email</td> <td style="width: 20%;"><input type="checkbox"/> By Fax</td> </tr> <tr> <td>Copy to:</td> <td><input type="checkbox"/> Requestor:</td> <td><input type="checkbox"/> By Email</td> <td><input type="checkbox"/> By Fax</td> <td></td> </tr> <tr> <td>Copy to:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> By Email</td> <td><input type="checkbox"/> By Fax</td> <td></td> </tr> <tr> <td>Copy to:</td> <td colspan="4"><input checked="" type="checkbox"/> Risk Management: risk@oregonstate.edu</td> </tr> </table>	Original to:	<input type="checkbox"/> Certificate Holder	<input type="checkbox"/> By Mail	<input type="checkbox"/> By Email	<input type="checkbox"/> By Fax	Copy to:	<input type="checkbox"/> Requestor:	<input type="checkbox"/> By Email	<input type="checkbox"/> By Fax		Copy to:	<input type="checkbox"/>	<input type="checkbox"/> By Email	<input type="checkbox"/> By Fax		Copy to:	<input checked="" type="checkbox"/> Risk Management: risk@oregonstate.edu					
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