## **CERTIFICATE OF INSURANCE REQUEST FORM E-MAIL THIS DOCUMENT TO:**

RISK@UIDAHO.EDU

QUESTIONS? CONTACT RISK MANAGEMENT 208-885-6177

Name of Requesting State Agency/Dept. University of Idaho		Date:	Time:	
(University) Personnel Initiating Request:				
(University) E-mail Address:			Phone #:	
(University) Fax #:				
(University) comments, if any:				
Certificate Holder:				
(Certificate Holder is non-State non-University entity requesting the certificate)				
Attention:				
Address:				
City, State, Zip:				
Job, Location or contract /Ref. #:				
Type Cert.:	Does the contract contain an Additional Insured requirement?			
Liability	Yes No			
Auto	Auto Contact University Risk (208) 885-6177 for pre-approval before checking YES			
Property Other	Does the contract require liability limits higher than \$500,000?         Yes       No         If so, what limits?			
	Contact University Risk (208) 885-6177 for pre-approval before checking YES			
Loss Payee: (generally a bank, auto dealership, vendor /lessor of equipment, etc.)				
	Yes No			
If additional Insured or Loss Payee is different from certificate holder:			icate holder:	
	Name:			
	Address:			
	Address:			
	Copies of contracts must be sent to State Office of Insurance Management if any of the above boxes are marked "Yes". Email contract <u>and</u> certificate request to: <u>risk@uidaho.edu</u>			
DESCRIPTION OF ACTIVITY FOR WHICH REQUEST IS INITIATED: (include who, what, where,				
why, number of participants)				
Coverage for xx description of activity xx.				
DATE OF ACTIVITY: <u>xx/xx/xx through xx/xx/xx</u>				
The Certificate of Financial Responsibility will be e-mailed by Office of Insurance Management to				
(University) for distribution to Certificate Holder.				