

**Worksheet for Requesting  
Certificate of Financial Responsibility**

UNIVERSITY OF IDAHO  
Office of Risk Management  
PO Box 443162  
851 Campus Drive AD209  
Moscow ID 83844-3162

Phone (208) 885-7177, Fax (208) 885-9490 Email risk@uidaho.edu

Completed form must be received **two weeks in advance** of proposed event to be considered for coverage. If you need assistance in completing this worksheet, please contact Risk Management at the above listed numbers.

**Name of Person Making Request**

<b>Name</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	

**Name of Group/Program/Unit Presented**

<b>Name</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	

<b>University of Idaho Sponsored?</b>	<b>Yes</b>		<b>No</b>	
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**Location Of Activity/Name of Facility/Certificate Holder**

<b>Name</b>	
<b>Address</b>	

<b>Date(s) of Activity</b>	
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**What is activity?** Estimate who and how many people will be in attendance. What is activity intended to accomplish? What is the duration of the activity?


<b>Additional Insured Endorsement Required?</b>	<b>Yes</b>		<b>No</b>	