

PROPERTY CERTIFICATE OF INSURANCE REQUEST FORM

E-MAIL THIS DOCUMENT TO:
risk@uidaho.edu

Name of Requesting State Agency/Dept.		Date:	Time:
State Personnel Initiating Request:			
E-mail Address:		Phone #:	
Agency comments, if any:			
Certificate Holder (Non-State Entity requesting the certificate):			
Attention:			
Address:			
City, State, Zip:			
Job, Location or contract /Ref. #:			
Type Cert.: <input checked="" type="checkbox"/> Property	Loss Payee: (Owner/Vendor /Lessor of equipment, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Loss Payee Address: (If different than Certificate Holder:		
	Copies of contracts must be sent to UI Risk		
	Description of Leased Equipment: (Year, Make Model, VIN, Value)		
DESCRIPTION OF ACTIVITY FOR WHICH REQUEST IS INITIATED: (Date(s), Location, Purpose)			