CERTIFICATE OF INSURANCE REQUEST FORM

Please complete form and either email to: Eric.blumenthal@uconn.edu or Adrienne.gilnack@uconn.edu

Requested By: _____ Date of Request _____

Phone # of Requester _____ Email of Requester _____

Insured/State Agency: University of Connecticut

Address of State Agency: _____

Certificate Holder: _____

Address of Cert Holder: _____

Additional Insured: _____

Location of Event: _____

Date of Event: _____

Dates Coverage Needed: _____

Description of Event or Special Information: _____

Coverage Required (if specific limits are needed, please indicate):

☐ Commercial General Liability	☐ Yes	☐ No
☐ Automobile Liability	☐ Yes	☐ No
☐ Automobile Physical Damage (Please indicate value of vehicle)	☐ Yes	☐ No
☐ Property (Please indicate amount needed/value.): $_____	☐ Yes	☐ No
☐ Professional Liability (Student Malpractice): $_____	☐ Yes	☐ No

Note - Please include the following as needed:

For property or equipment – Year, Make, Model, Serial #, VIN #, Value

For events – Description of Event, Number of Participants

For Fine Artwork – List of each item with individual values

Please include any backup – i.e. insurance requirements in contracts, lease agreements, etc.