

# UNIVERSITY OF INDIANAPOLIS

## Certificate of Insurance Request Form

Date of Request: \_\_\_\_\_

Date Needed By: \_\_\_\_\_

Date of Event/Activity: \_\_\_\_\_

### REQUESTOR INFORMATION

University Department Requesting: \_\_\_\_\_

University Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### CERTIFICATE HOLDER INFORMATION

*Exact name as it should appear on the certificate. Must include mailing address, contact person and e-mail or fax number.*

Certificate Holder: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Attention: Name/ Title/ Department: \_\_\_\_\_

E-mail: \_\_\_\_\_

### EVENT INFORMATION

Event Title: \_\_\_\_\_

Describe the event or activities (the reason the certificate is needed):

\_\_\_\_\_

\_\_\_\_\_

What insurance and limits does the contract require?

Has your contract been approved by University General Counsel?

\_\_\_\_\_

Please submit the Certificate of Insurance Request Form to [risk@uindy.edu](mailto:risk@uindy.edu). If you have questions, please contact Emily Clancy at [clancye@uindy.edu](mailto:clancye@uindy.edu).

Risk Management will have your certificate issued within three to five business days. Risk Management will send the certificate to the certificate holder via e-mail and copy the requestor.