

Request for Certificate of Insurance

Regents of the University of Minnesota

Date: _____

Mail this form to: **Risk Management & Insurance**
Attention: Pam Ubel
208 WBOB
1300 South Second Street
Minneapolis, MN 55454
Del Code 7523

Or fax to: (612) 625-7384
Attention: Pam Ubel

Or email to: Pam Ubel
[**novic002@umn.edu**](mailto:novic002@umn.edu)

University staff member requesting certificate

Name:			
Department:			
Telephone Number:		Fax or Email:	

Certificate to be issued to (Certificate Holder)

Certificate Holder Name:			
Attention (Name or Dept):			
Address:			
City, State, Zip Code:			
Is the "Extension Services" wording to be included:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Note: Please attach the portion of the Contract, Lease Agreement or the University Use Agreement that triggers the University's responsibility of providing the Certificate of Insurance.

ALL CONTRACTS MUST BE APPROVED BY THE OFFICE OF GENERAL COUNSEL

PHONE: 612-624-4100 EMAIL: ogc@mail.ogc.umn.edu

Additional Insured / Interests (Check all that apply)

Does the requesting party require listing as an "Additional Insured":	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is their "Interest":	<input type="checkbox"/> Lessor	<input type="checkbox"/> Vendor
<input type="checkbox"/> Other (Describe):		
Specific Wording (if necessary):		

Describe U of MN event: Include dates, time, place, name and purpose of event/class, etc.

Distribution (A copy will be automatically sent to: Risk Management & Insurance)

<input type="checkbox"/> Certificate Holder	<input type="checkbox"/> Mail	<input type="checkbox"/> E-mail #	<input type="checkbox"/> Fax #
<input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Mail	<input type="checkbox"/> E-mail #	<input type="checkbox"/> Fax #

NOTE: REQUEST MUST REACH OFFICE AT LEAST TWO WEEKS IN ADVANCE OF THE FIRST DATE OF EVENT. MORE LEAD TIME IS PREFERRED WHEN POSSIBLE.