Evidence of Insurance requested as

[ ] Certificate of Insurance or [ ] Evidence of Coverage (check one)

Legal Name and address of person/entity requesting a Certificate of Insurance:

_____

Address of Entity:

_____, _____, _____, _____

Street City State Zip

If requested to be included on the certificate of insurance or proof of coverage please check.

[ ] Additional Insurance Required

[ ] Loss payee (only applicable for property rentals or leases)

[ ] Waiver of Subrogation (usually only applicable when there is a contract involved)

- If requested please include a copy of the contract.

Reason for Certificate of Insurance or Evidence of Coverage (check one - see bullet for additional required information, if any) :

[ ] Temporary use of a third parties facilities or land (usually for an event or film/video shoot)

[ ] Purchase or lease of new Vehicle/Automobile for University business

- Attach documentation containing VIN and cost of vehicle/automobile.

[ ] Rental of equipment or property

- Attach list of equipment/property with cost to replace

[ ] Short term lease of equipment or property (less than one year)

- Attach list of equipment/property with cost to replace

[ ] Long term lease of equipment or property (more than one year)

- Attach list of equipment/property with cost to replace

If a project name has been established for this, please provide the name of the project (i.e. Winterfest 2017, March LU Recruiting at Such–n-Such Conference):

_____,

Dates of Event, Rental, or Use _____/_____/_____ to _____/_____/_____.

Name of person submitting this form to the Office of Risk Management:

_____, _____, _____

Name Indicate if Student, Faculty or Staff Department