

# REQUEST FOR ISSUANCE OF CERTIFICATE OF INSURANCE

Once the form below is completed, scan and e-mail the form or any questions regarding the form to [insurance\\_certificates@lafayette.edu](mailto:insurance_certificates@lafayette.edu). Please include electronic copies of the contract requesting the certificate, if applicable. Requests must be received at least 5 business days prior to the event.

## ***INFORMATION FOR ENTITY RECEIVING CERTIFICATE:***

Entity Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Entity Contact Name \_\_\_\_\_

Entity E-mail Address \_\_\_\_\_

Date of Event (mm/dd/yyyy) \_\_\_\_\_

Description of Event \_\_\_\_\_

Type of Insurance to Verify \_\_\_\_\_

Insurance Limits Required \_\_\_\_\_

Additional Insured Status      Yes                      No

## ***INFORMATION FOR COLLEGE OFFICE REQUESTING CERTIFICATE:***

Date Requested (mm/dd/yyyy) \_\_\_\_\_

College Office \_\_\_\_\_

College Contact Name \_\_\_\_\_

College Contact Phone Number \_\_\_\_\_

College Contact E-mail Address \_\_\_\_\_