CERTIFICATE OF INSURANCE REQUEST FORM

Please complete form and email to: purchasing@easternct.edu

Requested By: _____ Date of Request _____

Phone # of Requester _____ Email ofRequester_____

Insured/State Agency: Eastern Connecticut State University

Address of State Agency: 83 Windham St Willimantic, CT 06226

_____

_____

Certificate Holder:

Address of Cert Holder: _____

_____

_____

Additional Insured: _____

Location of Event Date

Event:_____

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	☐ 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.