

Risk Management Request for Certificate of Insurance

Requester:

Name: _____

Email: _____

Phone: _____

A copy of the certificate will be sent to the e-mail address listed above. An original will be mailed to the certificate holder.

College:

City

Mission

Trade

East

Pierce

Valley

Harbor

Southwest

West

Needed by:

Date: _____

Term:

Start Date: _____

End Date: _____

Do you need the certificate renewed on an annual basis?

Yes

No

Certificate Holder:

Name: _____

Address: _____

Email: _____

Providing an email address will enable us to email a copy of the certificate to the certificate holder.

Does certificate holder need to be named as an additional insured?

Yes

No

Reason for
Certificate:
