

# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_