



Office of the Controller
5000 N Willamette Blvd
Portland, OR 97203
Phone: 503-943-7393
Fax: 503-943-7433

CERTIFICATE OF INSURANCE REQUEST

Requested by: Name/Dept. – _____
Contact Info (Phone/Email) – _____

Certificate Holder: Name: _____
Attn: _____
Address: _____
City/State/Zip: _____
Fax #/ Email: _____

Description of Activity: (Reason for Cert Request)

Need to send to Certificate Holder: Yes No

Please check coverages required for the certificate:

General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limits: \$1M Occurrence/\$2M Aggregate
Auto Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Educators Legal Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Additional Insured Name if different from Certificate Holder		_____

Other/Comments: _____

Email Request To: Ken Pifer **Date Received:** _____
Phone #: *If you have questions, call: 503-943-7337* _____
Email Address: pifer@up.edu _____
