

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) Internal UP use only, not to appear on certificate.

Need to send to Certificate Holder:

Yes No

Please check coverages required for the certificate:

General Liability Yes No

Limits: \$1M Occurrence/\$2M Aggregate

Auto Liability Yes No

\$ _____

Educators Legal Liability Yes No

Additional Insured? Yes No

Additional Insured Name if different from Certificate Holder _____

Other:

Email Request To: UP Property and Casualty Insurance

Phone #: *If you have questions, call: 503-943-7337*

Email Address: insurance@up.edu