



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)**

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**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:** Lori Watson **Date Received:** \_\_\_\_\_  
**Phone #:** *If you have questions, call: 503-943-7337*  
**Email Address:** duax@up.edu