

**CALIFORNIA INSTITUTE OF TECHNOLOGY**  
**RISK MANAGEMENT OFFICE**  
**Certificate of Insurance Request Form**

**Attach a copy of the agreement / contract and fax or email along with this page to:**

Attn: Darren Artura  
Risk Manager  
Mail Code 2-42

Ph: 626-395-6878  
Fax: 626-449-6853  
Email: [darren.artura@caltech.edu](mailto:darren.artura@caltech.edu)

**Please allow 3 -5 working days for processing.**

Date of Request: \_\_\_\_\_ Date Certificate Needed: \_\_\_\_\_  
Requestor: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**CERTIFICATE TO BE ISSUED TO:**

Certificate Holder: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**DESCRIPTION OF EVENT/ACTIVITY: (Include start/end dates)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE REQUIREMENTS REQUESTED (check all that apply):**

<input type="checkbox"/> General Liability	Limits: _____
<input type="checkbox"/> Auto Liability	Limits: _____
<input type="checkbox"/> Property Liability	Limits: _____
<input type="checkbox"/> Workers Compensation /Employers Liability	Limits: _____
<input type="checkbox"/> Umbrella/Excess Liability	Limits: _____
<input type="checkbox"/> Other: _____	Limits: _____
<input type="checkbox"/> Additional Insured – Specify _____	

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**DELIVERY INSTRUCTIONS:**

Original Certificate is automatically sent to the Certificate Holder via US Post Office Mail.

Fax/email copy to:  Certificate Holder  Requestor  Other Specify \_\_\_\_\_