

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

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):

___ General Liability Limits: _____
___ Auto Liability Limits: _____
___ Property Liability Limits: _____
___ Workers Compensation /Employers Liability Limits: _____
___ Umbrella/Excess Liability Limits: _____
___ Other: _____ Limits: _____
___ 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 _____