

**Request for   
CERTIFICATE OF INSURANCE**

DEPARTMENT OF

**FINANCIAL SERVICES**

Email the completed form to the Manager, Procurement and Risk Management, along with a copy of the corresponding agreement or pages that refer to insurance.

**The following information is required when requesting a NEW\* Certificate of Insurance:**

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| **EMPLOYEE REQUESTING CERTIFICATE** | |
| Submitted by: |  |
| Department/Faculty: |  |

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| **CERTIFICATE HOLDER CONTACT INFORMATION** *(the organization requiring the certificate.)* | | | |
| Organization Name |  | | |
| Contact Name |  | | |
| Title |  | | |
| Email |  | | |
| Phone No. |  | Fax No. |  |
| Street Address |  | | |
| City |  | Province |  |
| Postal Code |  | Country |  |

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| **DESCRIBE THE NATURE OF OPERATIONS FOR THIS CERTIFICATE** | |
| Should the certificate be renewed next year? *Yes/No* |  |
| Specific Activity: |  |
| Date/s of Activity\*\*: | From: |
|  | To: |
| Who is Performing Activity? (*Students, Faculty, Employees, Coaches [names not needed])* |  |
| Location/s of Activity: |  |

\*\*If multiple events are taking place over the course of the year, there is no need to submit requests for multiple certificates. One request can cover the entire year.

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| **LIMIT/S OF INSURANCE REQUIRED** | |
| **General Liability Insurance** | |
| Require Proof of Liability Insurance: (*Yes/No)* |  |
| Liability Amount: | $ |
| Additional Insured: (*Yes/No)* |  |
| **Errors & Omissions (E&O) Insurance** | |
| Require Proof of E&O Insurance: (*Yes/No)* |  |
| E&O Amount: | $ |
| **Property Insurance** | |
| Require Proof of Property Insurance: (*Yes/No)* |  |
| Property Amount: | $ |
| Additional Insured: (*Yes/No)* |  |
| **Excess Proof** | |
| Excess Proof: (*Yes/No)* |  |
| Excess Amount: | $ |
| **Automotive Liability Insurance** | |
| Require Proof of Liability Insurance: (*Yes/No)* |  |
| Liability Amount: | $ |
| Additional Insured: (*Yes/No)* |  |

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| **PLEASE RECORD ANY SPECIAL INSTRUCTIONS HERE** | |
| Special Instructions: |  |

**\*Note**: If you require a renewal of an existing Certificate of Insurance, verify that the information on the current certificate is still accurate and email your request to the Manager, Procurement and Management, including the *Certificate Number* and the *Organization Name*.