

REQUEST FOR INSURANCE CERTIFICATE / ADDITIONAL INSURED

COMPLETE FORM AS COMPLETELY AS POSSIBLE. ALLOW ENOUGH TIME FOR PROCESSING (NORMALLY 4-7 DAYS). ALL REQUESTS TO BE FUNNELED THROUGH SDSU RESEARCH FOUNDATION RISK MANAGEMENT. PROVIDE ALL BACKUP DOCUMENTATION WITH REQUEST (LETTERS, OUTSIDE REQUESTS, LEASE REFERENCES, ETC.).

Send To: SDSU Research Foundation - Risk Management
 5250 Campanile Drive, San Diego, CA 92182-1942
 (619) 594-4139 VOICE
 (619) 594-2363 FAX

Part 1:

riskmanagement@foundation.sdsu.edu

Part 2: PI Making Request

Name of PI:	Project or Grant:	
SDSURF Employee Requesting COI		
E-mail Address:		
Department:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	FAX:	

Part 3: Organization Requesting Certificate - Holder

Organization Requesting Certificate:		
Contact Person:		
E-mail Address:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	FAX:	

Part 4: Event / Contract Description:

Type of Event - Please include all unusual or life threatening activity:		
Date(s) of Event: ongoing?		
Who will be involved? Designated SDSURF/SDSU Personnel?		
Items to be insured: Designated SDSURF/SDSU Personnel and Property		
Location WHERE research or work WILL be conducted:		
Address:		
City:	State:	Zip Code:

Part 5: Instructions:

Type Coverage: (Liability, Work Comp, Property, Vehicles, etc.)	Dollar amount coverage required:	
Cancellation Obligation Notification (days):	<input type="checkbox"/> Additional Insured Endorsement	
<input type="checkbox"/> Send Directly	<input type="checkbox"/> Return / Hand Delivery	<input type="checkbox"/> Copy to SDSU Research Foundation
<input type="checkbox"/> Waiver of Subrogation	<input type="checkbox"/> Annual Renewal Required	Annual Renewal Date:
Additional Insureds to be named:		
Note: Please e-mail copies of the fax to the following:		