

## Certificate of Insurance Request Form

### Is the requesting party required to be named as an Additional Insured?

If no, please obtain a Memo of Insurance from the Insurance link on the Risk Management website

If yes, please complete the below form and submit to Risk Management\*

### Requestor Contact Information

Date:	
Name:	
Department/Organization:	
Phone Number:	
Email:	

### Requesting Party Information (as it needs to appear on certificate)

Organization name:	
Address / City / State/ Zip:	
Contact Name:	
Contact Email:	
Name of Event:	
Description of Event:	
Event Start Date:	
Event End Date:	

### Type of Insurance requested and required minimum limits of each (if specified):

General Liability	\$
Automobile Liability	\$
Other (Specify)	\$

**\*If there is a written contract/request for this COI, please include a copy with this form**

### Submit completed form to Risk Management

Email: [riskmgmt@bgsu.edu](mailto:riskmgmt@bgsu.edu) or Fax: 419.372.3135

**For questions, contact Stephanie Sickler, Director of Risk & EH&S, 2.2127 or [ssickle@bgsu.edu](mailto:ssickle@bgsu.edu)**