

LIABILITY CERTIFICATE OF INSURANCE REQUEST FORM

E-MAIL THIS DOCUMENT TO:
risk@uidaho.edu

Name of Requesting State Agency/Dept.		Date:	Time:
State Personnel Initiating Request:			
E-mail Address:		Phone #:	
Agency comments, if any:			
Certificate holder (Non-State Entity requesting certificate):			
Attention:			
Address:			
City, State, Zip:			
Job, Location or contract /Ref. #:			
Type Cert.: <input type="checkbox"/> General Liability <input type="checkbox"/> Auto Liability <input type="checkbox"/> Auto Property Damage <input type="checkbox"/> Other	Does the contract require liability limits higher than \$500,000? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what limits? Provide explanation for request.		
	Loss Payee: (Auto PD Only- generally a bank, auto dealership, vendor /lessor of vehicles.) Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Copies of contracts must be sent to risk@uidaho.edu if any of the above boxes are marked "Yes".		
	Leased Auto Information: (Make, Model, Year, VIN)		
DESCRIPTION OF ACTIVITY FOR WHICH REQUEST IS INITIATED: (Date(s), Event Location, Name, Number of Participants, Purpose)			
Explanation for limit above \$500,000.00:			