Carleton University

REQUEST FOR CERTIFICATE OF INSURANCE

PLEASE READ CAREFULLY!

SUBMIT DOCUMENTATION TO RISK AND INSURANCE SERVICES RISK@CARLETON.CA

CERTIFICATE HOLDER (Organization requesting Proof of Insurance) _____

_____

CONTACT PERSON:_____

STREET ADDRESS:_____

PROVINCE/STATE:_____**POSTAL CODE:**_____

PHONE NUMBER:_____**EXT:**_____**FAX NUMBER:**_____

EMAIL:_____

WHAT LEVEL OF SERVICE DO YOU REQUIRE? (CHOOSE ONE).

- ☐ Next Day
- ☐ Same Day
- ☐ 5 Working Days

SHOULD WE AUTOMATICALLY RENEW THIS CERTIFICATE NEXT YEAR?

- ☐ Yes
- ☐ No

YOUR NAME:_____

DEPARTMENT:_____

PHONE NUMBER:_____**EXT:**_____**FAX NUMBER:**_____

LIMIT(S) OF INSURANCE REQUIRED (MILLIONS)

General Liability Required	☐ Yes	☐ No	Limits (Amount if known):_____
Errors & Omissions Required	☐ Yes	☐ No	Limits (Amount if known):_____
Property Insurance Required	☐ Yes	☐ No	
Additional Insured Required?	☐ Yes	☐ No	

DESCRIBE THE NATURE OF OPERATIONS FOR THIS CERTIFICATE

Specific Activity:

_____
_____
_____
_____

Activity/Agreement Start (DATE):_____ Activity/Agreement End (DATE):_____

Who is Performing activity?:_____

Location of Activity:

Address:_____
City:_____ Province/State:_____Postal Code:_____Country:_____

Please record any Special Instructions here or attach the insurance clause from any agreement or contract with this form.

_____
_____
_____
_____