

**ROCHESTER INSTITUTE OF TECHNOLOGY  
CERTIFICATE OF INSURANCE REQUEST FORM**

To: Risk Management  
George Eastman Building  
RM 4000

Phone: (585) 475-4903  
Fax: (585) 475-7950

Date Requested: \_\_\_\_\_ Requester/Dept: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Description of Activity/Contract Requiring Certificate** (attach copy of contract or agreement requesting certificate; include date, venue, participants involved etc.):

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**Certificate Requested By:**

|                               |  |
|-------------------------------|--|
| <b>Organization Name:</b>     |  |
| <b>Attention:</b>             |  |
| <b>Address:</b>               |  |
| <b>Phone Number:</b>          |  |
| <b>Fax or E-mail Address:</b> |  |

**Affiliation Agreement Dates (if applicable):** \_\_\_\_\_

**Additional Insured Notation?** YES  NO

*If Yes, please specify Additional Insured Name(s):* \_\_\_\_\_

| <u>Select Coverages Required</u> | <u>Limits Required</u> |
|----------------------------------|------------------------|
| General Liability                | \$                     |
| Workers Compensation             | \$                     |
| Automobile                       | \$                     |
| Student Professional Liability   | \$                     |
| Excess Liability                 | \$                     |
| Property                         | \$                     |
| Other:                           | \$                     |

**Do you want a copy of the certificate mailed/faxed to you?** YES  NO

*If Yes, please specify fax number/ mailing address:* \_\_\_\_\_

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