



Risk Management

Request Certificate of Insurance intake sheet

Your department name or organization:

Department contact:

Department address:

Telephone #: 6-

Email:

@uoregon.edu

Fax: 6-

Name of event:

Location of event:

Event date(s)

Start:

End:

Time(s) of Event

Start:

End:

Event purpose:

Contractor Name:

Physical address of event:

Phone:

1) Is the contractor requiring to be named as additional insured?

- ***If checked: Attach a copy of the complete contract, agreement, or application with this request after it has been approved and signed by the university Contracts office.***
- If the liability limit requested is over \$500,000 our insurance carrier will need to shop around for additional commercial coverage. This can take up to 30 days and there may be an added cost. This cost will be transferred to the department requiring the certificate. The amount is not known until the policy is purchased. (Most cases our office can contact the insurance company directly and agree to accept the State's tort liability limits of \$500,000).

Is this for an independent registered student organization? YES

NO