

The Catholic University of America  
Department of Environmental Health & Safety  
Risk Management  
Request for a Certificate of Insurance

This form is to request a Certificate of Insurance (CoI) be issued on behalf of the University to an external organization or individual. Please complete this and click the submit button to email it to our office. We will be in touch if we have any follow up questions. Do not enter any CUA contact info here.

Name of non-CUA Organization or individual requiring a CoI:

Address:

Phone Number:

Fax Number:

Organization's Contact Person:

Email address of Contact Person:

Description of event for request: Please include event's day(s) and time(s).

Policy(ies) to be evidenced:

Property

General Liability

Automobile

Worker's Compensation

Student Clinical

Other (specify and copy of contract is required)

Does the Organization request to be listed as an Additional Insured? Yes      No

If so, please email contract specifying that. It will not be listed unless specified in the contract.