

# CERTIFICATE OF INSURANCE REQUEST FORM

**Requested By:** Nina Cote

**Date of Request:**

**Phone # of Requester:** 203-392-5713

**Email of Requester:** coten1@southernct.edu

**Insured/State Agency:** Southern Connecticut State University

**Address of State Agency:** 501 Crescent Street, New Haven, CT 06515

**Certificate Holder:**

**Address of Cert Holder:**

**Additional Insured:**

**Location of Event:**

**Date of Event:**

**Dates Coverage Needed:**

**Description of Event or Special Information:** \_\_\_\_\_

**Coverage Required (if specific limits are needed, please indicate):**

- |                                                                                        |                                                          |
|----------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Commercial General Liability                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Automobile Liability                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Automobile Physical Damage (Please indicate value of vehicle) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Property (Please indicate amount needed/value.): \$ _____     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Professional Liability (Student Malpractice) \$ _____         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Additional Notes - Please include the following as needed:**