

# Request for CSU, Chico Evidence of Insurance



The information requested below is required in order to process your request. Forward the completed form to Risk Management by; fax 898-4513, campus zip 130 or email [risk@csuchico.edu](mailto:risk@csuchico.edu). Include a copy of any agreement, flyer, or other information concerning the activity and the requirement for insurance coverage. If coverage is being requested for equipment being loaned or leased to the university, attach a separate sheet itemizing each piece, including description, serial number and value.

Allow 7-10 business days for the processing. Call ext. 6588 should you have any questions or visit our website at <https://www.csuchico.edu/risk/programs/insurance.shtml>.

Today's Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Ext: \_\_\_\_\_

Name of Requester: \_\_\_\_\_ Ext: \_\_\_\_\_

Department: Dept. \_\_\_\_\_ Zip: \_\_\_\_\_

Head: Dean: \_\_\_\_\_ (Name) \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Name) \_\_\_\_\_ (Signature)

## Activity

Course Number: \_\_\_\_\_ Title: \_\_\_\_\_

**OR**

Event or Project Name: \_\_\_\_\_

## Effective Date(s) of Insurance Coverage

From: \_\_\_\_\_ To: \_\_\_\_\_ From : \_\_\_\_\_ To: \_\_\_\_\_

## Coverage Requested

General Liability:

Workers' Compensation:

*\*\*\*If third party is requesting to be named as additional insured, include a copy of the written agreement.\*\*\**

**Please state why insurance coverage is required:**

\_\_\_\_\_  
\_\_\_\_\_

## Insurance Requested By (Certificate Holder):

Name of Facility or Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_