



CERTIFICATE OF INSURANCE REQUEST

Attn: Risk Management

4500 Riverwalk Pkwy, Riverside, CA92515,

Office:(951)785-2102 Fax:(951)785-2095 Email: risk@lasierra.edu

RUSH YES NO

ORGANIZATION INSURED: La Sierra University
POLICY #:

TYPE OF INSURANCE: GENERAL LIABILITY PROPERTY HOSPITAL PROPERTY AUTOMOBILE EXCESS LIABILITY WORKERS COMPENSATION

CERTIFICATE HOLDER:

Organization, Address, City, State, Zipcode, Contact Name, Phone Number fields

EVENT LOCATION: (IF DIFFERENT FROM CERTIFICATE HOLDER)

Address, City, State, Zipcode fields

ACTIVITY REQUIRING CERTIFICATE:

Activity description, Beginning date, Ending date, Additional insured, Specific wording required fields

Department, Sponsored by fields

NEEDED FOR PROPERTY / EQUIPMENT

Value, Model#, Serial#, Loan# fields

PLEASE EMAIL CERTIFICATE OF INSURANCE TO: USE A SEMICOLON TO SEPARATE E-MAIL ADDRESSES IN CASE YOU NEED TO SEND A COPY OF THE CERTIFICATE OF INSURANCE TO MULTIPLE RECIPIENTES

cbarthol@lasierra.edu,

PLEASE NOTE: CERTIFICATES WILL NO LONGER BE ISSUED BY FAX OR MAIL. PLEASE PROVIDE E-MAIL ADDRESSES OF ANYONE NEEDING TO RECEIVE A COPY OF THE CERTIFICATE.

COMMENTS:

Comments text area

REQUESTED BY: DATE:

FOR RISK MANAGEMENT USE ONLY:

AUTHORIZED BY: DATE: