



CERTIFICATE OF INSURANCE REQUEST FORM

Organization Name*: _____

*Office or Agency name who is requesting the Certificate (referred to as the Certificate Holder on the Certificate of Insurance – the Organization name is not the University of Windsor).

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____

(MUST provide complete mailing address, including postal code)

Contact Name: _____ **Contact's E-Mail:** _____

Telephone Number: _____

DESCRIBE THE NATURE OF THE OPERATIONS FOR THE CERTIFICATE:

Specify Activity: _____
(Brief description of activity)

Date(s) of activity: _____
Must provide a Start Date End Date

Who is performing the Activity?: _____
(For example: faculty member, staff, student etc.)

Location of Activity? _____

Do you require proof of General Liability Insurance? YES NO
If yes, limits of Insurance Required (amount requested): \$ _____
(The usual amount is \$2,000,000 coverage)

Add Certificate Holder as "Additional Insured" on General Liability Policy of the University of Windsor: YES NO

Do you require proof of Errors & Omissions Insurance: YES NO
If yes, amount required: \$ _____

Do you require proof of Property Insurance: YES NO
If yes, amount required: \$ _____

Do you require a Certificate of Insurance? YES NO

- Please attach documentation (Contract) which outlines the insurance requirements; and
- Allow 3 to 5 business days to process your request.

Please Note: Certificates of Insurance cannot be back dated.

Submit Form To: Insurance Officer lisa.ambedian@uwindsor.ca.