

**Request for Certificate of Insurance**

Send completed form to Risk Management at [RiskMgmt@purdue.edu](mailto:RiskMgmt@purdue.edu).

**Request Date:** \_\_\_\_\_

**Your Information:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Certificate Holder Information** (the entity requesting the certificate from the University):

Organization Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certificate Purpose:** *If certificate is for a specific event/activity, please state type of event/activity, location, date, and who will participate.*

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

**Additional Insured/Loss Payee/Special Wording:** \_\_\_\_\_

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

**FOR RISK MANAGEMENT USE ONLY:**

Named Insured:  
Purdue University \_\_\_\_\_ Purdue Affiliates \_\_\_\_\_

Master Policy:  
University - GL/AL \$5M \_\_\_\_\_ GL/AL/EL \$5ML \_\_\_\_\_ LPL \$1M \_\_\_\_\_ Property \_\_\_\_\_ Aviation \_\_\_\_\_  
Affiliates - GL \$1M/\$2M \_\_\_\_\_ Property \_\_\_\_\_

Additional Insured Requested: Yes \_\_\_\_\_ No \_\_\_\_\_

Loss Payee Requested: Yes \_\_\_\_\_ No \_\_\_\_\_

Delivery Method: Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

**RESET FORM**