

**Request for Certificate of Insurance - Property**

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 Details:**

- 1) Address of space being leased or location of leased/rented equipment.
- 2) Brief description of property including serial or VIN number if applicable.
- 3) Replacement value of equipment
- 4) Lease/Loan/Contract Number
- 5) Effective coverage date & expiration dates of lease/loan/contract

*\*\*if available please include copy of contract/agreement*

**Loss Payee/Special Wording:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR RISK MANAGEMENT USE ONLY:**

Named Insured:

Purdue University \_\_\_\_\_ Purdue Affiliates \_\_\_\_\_ PU Global \_\_\_\_\_

Master Policy:

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

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

**RESET FORM**