

Request for Certificate of Insurance

Send completed form to Risk Management at 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 Global PRF Other

Master Policy:
University -GL/GLX \$5M GL/EL/GLX \$5M Cyber \$5M Auto \$1M Aviation

PG & PRF - GL/GLX \$1M/\$3M GL/EL/GLX \$5M Cyber \$5M Auto \$1M

Additional Insured Requested: Yes No

Delivery Method: Mail E-Mail

RESET FORM