

This is to request that a certificate of insurance be issued in connection with the activity described below. This is an Official University activity.

- I. DATE OF ACTIVITY: _____

II. TYPE OF ACTIVITY (PROVIDE DETAIL): _____
(Attach copy of any agreement or contract which pertains to activity)

III. WHO WILL PARTICIPATE: _____

IV. LOCATION OF ACTIVITY: _____

V. PERSON OR ORGANIZATION WHO HAS REQUESTED CERTIFICATE (PREMISES OWNER):
 Name/Organization: _____
 Address: _____
 Phone: () _____ Fax: () _____

VI. PURDUE STAFF MEMBER COMPLETING THIS FORM:
 Name: _____
 Title: _____
 County (CES Only): _____
 Address: _____
 Phone: (765) 496-2191 _____ Fax: (765) 496-2871 _____
 Date Requested: _____

VII. SEND CERTIFICATE TO:
☐ Premises Owner ☐ Purdue Staff Member

VIII. ESTIMATED NUMBER OF PARTICIPANTS: _____
 (For Additional Insured Requests Only)

This form must be sent to the CES Director's Office for review and approval. That office will forward to Risk Management.

APPROVED: _____ DATE: _____
CES Director's Office

CES Director's Office: Phone: (765) 494-8489 Fax: (765) 494-5876
Risk Management Office: Phone: (765) 494-1690 Fax: (765) 496-1338
Email: djvanhoosier@purdue.edu

NOTE: *This completed form must be received by the Risk Management Office at least three (3) working days prior to the activity.*