



**COLORADO STATE UNIVERSITY - Internal Use Only
CERTIFICATE REQUEST FORM**

Email: joyce.pratt@colostate.edu
cc: sally.alexander@colostate.edu

Date of Request: _____ Date Needed: _____

Standard (24 Hours) End of Day Rush (within 4 Hours) **ASAP – Job Pending**

Requestor Information

Named Insured:	Colorado State University		
Address/City/State/Zip:	1251 Mason Street, Fort Collins, CO 80523-6021		
Requestor:			
Telephone Number:		Email Address	
Client ID:	570000067168		

Certificate Holder / Requestor of Certificate

Certificate Holder:	
Attention:	
Address:	
City, State, Zip Code:	
Fax:	
Email:	

Note: Please attach copy of request from your customer, vendor, supplier, etc, if available

Coverages Requested	Special Required Wording (Check all that apply)
<input type="checkbox"/> General Liability	<input type="checkbox"/> Additional Insured (if required by written contract)
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Loss Payee (if you are renting equipment or a building)
<input type="checkbox"/> Workers Comp & Employers Liab.	<input type="checkbox"/> Lessor of Vehicles (if you are renting a vehicle/van)
<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Mortgagee (if you are buying / leasing a building)
<input type="checkbox"/> Property	<input type="checkbox"/> Vendor (the vendor will specifically request this)
<input type="checkbox"/> Educators Legal Liability	<input type="checkbox"/> Landlord/Lessor (if you are buying / leasing a building)

Description of Event or Interest of Certificate Requestor (i.e.; Property Location, Event, Leased Equipment, Description of Project including project/contract name and/or number, and duration)

Did Certificate Requestor ask for a Waiver of Subrogation in the contract?

<input type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liab.
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Other