

CERTIFICATE OF INSURANCE REQUEST FORM

Please complete form and email to: Insurance@ccsu.edu

a minimum of two (2) weeks prior to the event, camp, or sports clinic start date.

Requested By: _____ Date of Request: _____

Phone # of Requester: _____ Email of Requester: _____

Insured/State Agency: Central Connecticut State University

Address of State Agency: 1615 Stanley Street, New Britain, CT 06050

Certificate Holder: _____

Address of Cert Holder: _____

* Additional Insured: _____

Location of Event, Camp, or Sports Clinic: _____

Dates of Event, Camp, or Sports Clinic: _____

Dates Coverage Needed: _____

Name and Description of Event, Camp, or Sports Clinic *(Include the number of participants, age range of participants, and a description of activities involved. If a Sports Clinic, include the sport type.):* _____

Please include any backup – i.e. insurance requirements in contracts, lease agreements, etc.

Coverage Required:

☐ If specific limits are needed, please indicate: _____

☐ Commercial General Liability

☐ Professional Liability (Student Malpractice)

☐ Property (Please indicate amount needed/value: \$_____)

☐ Automobile Liability

☐ Automobile Physical Damage (Please indicate value of vehicle: \$_____)

***Any Additional Insured request shall require State Insurance and Risk Management Board (SIRMB) approval prior to issuance of Certificate of Insurance.**