

Request for Certificates of Insurance

E-mail: mmoses@scu.edu and sflorio@scu.edu Number of Pages: _____

Date of Request: _____ Date Needed By: _____

Requestor Information

Named Insured:	Santa Clara University		
Location/Subsidiary:		Loc/Sub #	
Requestor Name:			
Telephone Number:		Email Address	

Certificate Holder Information

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

Note: Please attach copy of request (the contract) from your customer, vendor, supplier, etc.

Coverage & Limit Information

Coverages	Limits Required	
<input type="checkbox"/> General Liability:	<input type="checkbox"/> Policy Limits	\$
<input type="checkbox"/> Auto Liability:	<input type="checkbox"/> Policy Limits	\$
<input type="checkbox"/> Garage Liability:	<input type="checkbox"/> Policy Limits	\$
<input type="checkbox"/> Excess Liability:	<input type="checkbox"/> Policy Limits	\$
<input type="checkbox"/> Workers Comp & Employers Liab:	<input type="checkbox"/> Policy Limits	\$
<input type="checkbox"/> Property:	\$	
<input type="checkbox"/> Other:	\$	

Additional Insureds / Interests (Check all that apply)

<input type="checkbox"/> Additional Insured:		<input type="checkbox"/> Vendor:	
<input type="checkbox"/> Loss Payee:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Lessor:			

Waiver of Subrogation

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

Request for Certificates of Insurance

Cancellation Clause

Number of Days Notice for **Cancellation** required? 30

Description / Reference / Special Instructions

Questions can be directed to :

Marguerete Moses at 408-554-4397