

UNIVERSITY OF PITTSBURGH

Office of Risk Management & Insurance 1817 Cathedral of Learning Pittsburgh, PA 15260

Phone: 412-624-1198

Certificate of Insurance Request Form

University of Pittsburgh Employee/Department Requesting the Certificate/s of In	nsurance: Request Date:
Name: Department:	
Campus Phone Number: E-mail:	
Required for contracts! Yes No The related contract has been 1) reviewe equivalent OR is on a pre-approved template and 2) approved by the appropriate ADDITIONAL INSURED STATUS* (MUST BE SUPPORTED BY A CONTRACT – AT	
*Indicate Insurance Requirements page # within the contract where it states Additional Insured Status is required.	
Indicate required certificate type and dollar limits of insurance:	
General Liability:	Limits \$
Automobile Liability:	Limits \$
Medical Professional Liability in Pennsylvania:	Limits \$
Check here if: Students Outside PA Faculty/Staff Outside PA	Current Year Evidence Only
Workers' Compensation/Employers Liability:	Limits \$
Excess/Umbrella Liability:	Limits \$
Other: Cyber/Media Liability Fidelity Bond (Crime) Property (Inc	c. Builders' Risk) Other
Evidence of General Liability Insurance Only/No Contract/No Additional Insured	
<u>Complete below for all requests</u> : (If multiyear – indicate full duration/dates for automatic reissuing annually.)	
Effective Dates of Agreement/Contract:	to
Description of Agreement/Purpose of Contract:	
Certificate Holder/Requestor's Information: (This is the party that the University is contracting with)	
Name:	
Address:	
City/State/Zip:Co	ntact Info/Email:
Advance notice of at least ten (10) working days is required for certificate issu form and submit to Risk Management by clicking the button below. Once proceed certificate holder and a copy will be e-mailed to the requesting to	essed, the original certificate/s will be mailed to the