

UNIVERSITY OF PITTSBURGH

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

Phone: 412-624-1198

Certificate of Insurance Request Form

Name:	Department:
Campus Phone Number:	E-mail:
	reviewed by the Office of General Counsel and/or Purchasing equivalent or is on a
pre-approved template and 2) approv	red by the appropriate person with contracting authority in your area.
(MUST BE CHEC	CKED YES TO HAVE YOUR REQUEST PROCESSED)
ndicate required certificate type and dollar limits o	of insurance:
General Liability:	Limits \$
Automobile Liability:	Limits \$
*Medical Professional Liability:	Limits \$
*For out of PA agreements (only when Medical P	Professional Liability needed) - attach a copy of the related contract to your form
request for insurer review and approval – if not a	lready obtained. Must include a summary of: 1) Purpose, 2) Duration and 3) How
_	student will be supervised.
Workers' Compensation/Employers Liability:	Limits \$
Other:	Limits \$
ADDITIONAL INSURED STATUS (MUST BE SUPP	ORTED BY A CONTRACT)
Effective Dates of Agreement/Contract:	to
Description of Agreement/Purpose of Contract:	
	s the party that the University is contracting with)
Certificate Holder/Requestor's Information: (This is	
Certificate Holder/Requestor's Information: (This is	
Certificate Holder/Requestor's Information: (This is Name:	
Certificate Holder/Requestor's Information: (This is Name: Address:	