

University of California, Santa Barbara

Request for Proof of Insurance From Vendor furnishing Goods and/or Services to UCSB

Date of Request: Contract St		art Date: Conf		ntract Finish Date:	
				Fax:	
INSTRUCTIONS TO CER' This is a request for a Ce satisfies the requirements Regents, on behalf of the Certificate of Insurance is or other type of certificate	TIFICATE PROVIDER Intificate of Insurance. It is of the Regents of the Univ. Santa Barbara campus, herequired that shows the Nar	designed to provide the versity of California on b ave entered into an agr med Insured can provide all requirements are fulf	information necessary ehalf of the University of eement with the party is insurance coverage as	to produce a certificate of insurance the foundation of California, Santa Barbara campus. The dentified below as the Named Insured. Indicated below. An Acord form certificates Risk Management & Insurance with an	
NAMED INSURED (legal	name):				
Address:					
City, State, Zip Code:					
Phone & Fax:					
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	E REQUIREMENTS				
CERTIFICATE HOLDER	Name:	The Regents of the I	Jniversity of California		
	Department:				
	Campus:	University of Californ	ia, Santa Barbara		
	City, State:	Santa Barbara, CA 9	3106		
	Contact Person:				
GENERAL LIABILITY					
	Prods./Comp. Ops.:	\$			
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AUTOMOBILE LIABILITY:					
PROFESSIONAL LIABILITY:					
WORKERS' COMPENSATION:		As required by Califo	rnia State Iaw		
AGREEMENT EFFECTIVE/EXPIRATION DATE:					
ADDITIONAL INSURED:		The Regents of the University of California must be named additional insured under insured's General Liability policy.			
CANCELLATION PROVISION:		Provide 30 days writ cellation of any insur		y of any modification, change, or car	
DESCRIPTION OF GOO	DS AND/OR SERVICES:				
OTHER ISSUES TERMS	S & CONDITIONS:				
OTTIER IOOOLO, TERNING					