

Request for Certificate of Insurance

то:	FIRM:		DATE:
DU Origi	nator:	Phone:	Email:
I. Pleas	e provide appropriate requi	red insurance and p	rovide to the DU Originator listed above.
for the U conductir	niversity of Denver, you provide	e a "Certificate of Insu Standard terms and co	ents, we are requesting that as a 3rd party vendor rance" in the following amounts as a condition of nditions include items 1-3 below. Lines of coverage
1.	Additional Insured		
	certificate for shall be	all coverage for Gener named "additional	dditional insured in the description section of the al Liability or as noted: "The University of Denver insured" as respects their interest with anticipated dates of
2 Standard General Liability requirements:			
		\$1Million per occurrenc uld include a minimun	e/\$2Million aggregate n of \$250,000 fire legal liability unless otherwise
3.	Automobile Liability:		
	\$1M combined	single limit	
4.	4 Workers' Compensation (If applicable - more than 1 employee in Colorado):		
	Statutory Amo University.	unts as required by law	if your <u>employees</u> are performing services for the
II. Comp	letion Instructions for Descr	ription Section of Ce	rtificate:
party ven shall nam	dors plus any additional insuran	ice requirements are lis	tal section. Standard insurance terms for all third ted in Section III of this document. The Contracts ving language in the "description" section of the
I			which owns and operates the University of respects their interests." Date
III. Comp	oletion Instructions for Certi	ificate Holder Sectio	n:
		University of Der Enterprise Risk Mana	

Ryan Talmage Risk & Insurance Analyst

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2199 S. University Blvd, #414 Denver, CO 80208-4842