



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 Insurance: _____ Request Date: _____

Name: _____ Department: _____

Campus Phone Number: _____ E-mail: _____

Required for contracts! Yes No **The related contract has been 1) reviewed by the Office of General Counsel and/or Purchasing equivalent OR is on a pre-approved template and 2) approved by the appropriate person with contracting authority in your area.**

ADDITIONAL INSURED STATUS* (MUST BE SUPPORTED BY A CONTRACT – ATTACH COPY IF APPLICABLE)

*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: Limits \$ _____

Student Medical Professional Liability (Outside PA/International Only): Limits \$ _____

Workers' Compensation/Employers Liability: Limits \$ _____

Excess/Umbrella Liability: Limits \$ _____

Other: Cyber/Media Liability Fidelity Bond (Crime) Property (Inc. Builders' Risk) Other _____

Evidence of General Liability Insurance Only/No Contract/No Additional Insured

Complete below for all requests:

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: _____ Contact Info/Email: _____

Advance notice of at least ten (10) working days is required for certificate issue requests. To request a certificate - complete this form and submit to Risk Management by clicking the button below. Once processed, the original certificate/s will be mailed to the certificate holder and a copy will be e-mailed to the requesting University department named above.