

MUST BE TYPED

**BELMONT UNIVERSITY
 CERTIFICATE of INSURANCE REQUEST FORM**

Send this completed form to: RiskManagement@belmont.edu; certrequests@ajg.com

Today's Date: _____ Date Certificate of Insurance is Needed: _____
(Please allow 5 business days to process)

Requestor Information

Named Insured:	Belmont University		
Address/City/State/Zip:	1900 Belmont Boulevard, Nashville, TN 37212		
Requester:	Office of Risk Management		
Telephone Number:	615-460-5429	Fax	615-460-6980

Certificate Holder

Certificate Holder:	
Attention:	
Address:	
City, State, Zip Code:	
Phone:	
Email:	

ATTENTION: Please attach copy of the request and the contract from your customer, vendor, supplier, etc., if available

Coverages Requested	Special Required Wording (Check all that apply)
<input type="checkbox"/> General Liability	<input type="checkbox"/> Additional Insured (if required by written contract)
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Loss Payee (if you are renting equipment or a building)
<input type="checkbox"/> Workers Comp & Employers Liab.	<input type="checkbox"/> Lessor of Vehicles (if you are renting a vehicle/van)
<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Mortgagee (if you are buying / leasing a building)
<input type="checkbox"/> Property	<input type="checkbox"/> Vendor (the vendor will specifically request this)
<input type="checkbox"/> Educators Legal Liability	

Description of Event or Interest of Certificate Requestor (i.e.; Property Location, Event, Leased Equipment, Description of Project including project/contract name and/or number, and duration) Must include dates.

Did Certificate Requestor ask for a Waiver of Subrogation in the contract?

<input type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liab.
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Other

Please direct questions to: Risk Management at risk.management@belmont.edu; (615) 460-5429