

CERTIFICATE OF INSURANCE REQUEST FORM

SEND REQUEST TO: Ms. Gail Lemaire
FDU Metropolitan Campus, Mail code #H-DH1-01
Teaneck, New Jersey 07666
Phone: (201) 692-7083 Fax: (201) 692-7098

Requested by: _____ Date: _____
Status: Faculty: _____ Staff: _____ Student: _____ Campus: _____
Telephone: _____ Fax: _____

CERTIFICATE HOLDER:

Name: _____
Address: _____

Contact Name: _____
Phone #: _____
Fax #: _____
Email: _____

REASON FOR CERTIFICATE: _____

CERTIFICATE HOLDER IS REQUESTING EVIDENCE OF: (Check all that apply)

General Liability \$ _____
 Automobile Liability
 Automobile Physical Damage (Comprehensive & Collision)
 Workers Compensation
 Property \$ _____
 Other: _____

ADD CERTIFICATE HOLDER AS: Additional Insured Loss Payee

Mortgagee (Specify Location) _____
 Landlord (Specify Location) _____
 Lessor of Equipment
Description & Value _____
 Lessor of Vehicle
Year/Make/Model/ Color _____
Vehicle Id Number _____
 Vendor of Product _____
 Other (Please describe) _____

Date Certificate of Insurance is Needed; *allow for a minimum of seven (7) business days for processing*: _____

The Certificate of Insurance should be sent to: Certificate Holder Requester

All requests must include copies of all correspondence/official contracts/agreements/registration forms, for Risk Management's review of insurance requirements.