



## Request for Certificate of Insurance

When requesting a certificate of insurance for a third party (Business, Non-Profit Organization, etc), please provide information about the requesting party below. Please forward the Certificate of Insurance request to Risk and Insurance Services who will handle obtaining the certificate on your behalf.

### **Information about Requesting Party (Not Memorial University Information)**

Organization Name (Name of business, NPO, etc.)	
Street Address:	
City:	
Province/State	
Postal Code	
Country	
Contact Name	
Title	
Phone Number	
Fax Number	
E-Mail	

### **Describe the Nature of Operations for this Certificate**

Specific activity:	
Date(s) of activity:	
Who is Performing Activity?	
Location of activity:	

### **Limit(s) of Insurance Required**

Do you require proof of General Liability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Liability \$		
Additional Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require proof of Errors & Omissions Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Errors and Omission \$		
Do you require proof of Property Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property Insurance \$		
Additional Insured:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please record any Special Instructions here:**

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