**OCCIDENTAL COLLEGE INSURANCE CERTIFICATE REQUEST**

*(Submit completed form to your professor for approval and submission to Occidental Risk Management.)*

|  |  |
| --- | --- |
| **Applicant:** | Student Name/Department:  |
| Contact Info. (Phone/Email): |
|  |

**Company/Location to be Insured:**

|  |  |
| --- | --- |
|  | Company Name:  |
|  |  |
|  | Authorized Contact Name:  |
|  |  |
|  | Contact Info. (Phone/Email): |
|  |  |
|  | Location Address:  |
|  |  |
|  |  |
| **Need to Fax/Email to Company:** [ ]  No [ ]  Yes |  |

**Mail Original:** [ ]  No [ ] Yes

**Coverages:** Please check coverages required for the certificate. If not known, you must obtain from party requesting insurance. Please attach any written information regarding coverage requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | General Liability:  | [ ]   | Liability Limit: | $ |
| Auto Liability: | [ ]  |  |  |
| Educators Liability: | [ ]  |  |
| Property: | [ ]  |  |
|
| **Additional Insured or Loss Payee name if required:** |
|  |
| **Other Comments:** |
|  |

**Faculty Supervisor Name and Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty E-mail/Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_