**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_