

Please return this completed form to:
Risk Management Office
Division of Agriculture & Natural Resources
1111 Franklin Street, 6th Floor
Oakland, CA 94607-3560
Email: Linda.Harris@ucop.edu
Phone: 510-987-0085
Fax: 510-987-0965

REQUEST FOR CERTIFICATION OF INSURANCE

Responsible Division staff/member _____

Phone Number _____

County Name _____

Name of entity to whom certificate is to be issued _____

Address of Entity _____

Effective time and date of the activity: _____

Expiration time and date: _____

(Note: Times and dates are required if the party is asking to be named as additional insured)

Fill in Each Category for Minimum Dollar Amount Limits Required (if these limits are not written in the agreement, please contact the party and ask them; they may need to contact their insurance agent):

Each Occurrence	\$
Personal and Advertising Injury*	\$
Products and Completed Operations Aggregate	\$
General Aggregate	\$
Vehicles Owned, Non-owned and Hired*	\$

*Include **only** if agreement and/or activity require its inclusion.

Is there an agreement that needs to be signed in order to secure the facility?

Yes No

If yes, please attach agreement.

If no, please complete Attachment D or Attachment E. (These forms can be found on the ANR Risk Management website.)

Is the party requesting to be named as an additional insured?

Yes No

Please attach agreement with detailed times and dates.

Name of the party asking to be named as additional insured (if different from above).

Name of University group or activity

Type of Event

30 days written cancellation or modification notice is standard with UC's self-insurance programs.