***Certificate of Insurance Request Form***

Please complete **all** sections of this form and return to sbanne01@uoguelph.ca

**DO NOT FAX**

**Please Note:** The Certificate Holder is the organization that requires the certificate; it is not the University of Guelph as University of Guelph is the insured.

**Certificate Holder Contact Information**

|  |  |
| --- | --- |
| Organization Name |  |
| Street Address |  |
| City |  |
| Province |  |
| Postal Code |  |
| Country |  |
| Contact Name |  |
| Title |  |
| Phone Number |  |

|  |  |
| --- | --- |
| Specific activity |  |
| **Date(s) of activity**  (Please be specific e.g. June 1, 2005 to July 10, 2006) |  |
| Who is Performing activity |  |
| Location of activity |  |

**You MUST fill out the yellow box below. The usual minimum is 2 million.**

If the Certificate Holder has not requested any of the other information below, please leave it blank.

|  |  |
| --- | --- |
| **Limit of Insurance Required \*\*** |  |
| Additional Insured **Yes or No** | **(Millions)** |
|  |  |
| Do you require proof of Errors & Omissions Insurance? **Yes or No** |  |
| If YES - Errors & Omissions $ | (Millions) |
|  |  |
| Do you require proof of Property Insurance?  **Yes or No** |  |
| IF YES - Property $ | (Millions) |
| IF YES - Additional Insured **Yes or No** |  |