

CERTIFICATE REQUEST FORM

Date: _____

<i>REQUEST MADE BY</i>
SCHOOL/DEPARTMENT: _____
ATTENTION: _____
ADDRESS: _____
TELEPHONE: _____
DO YOU REQUIRE A COPY? YES _____ NO _____
FAX: _____

<i>CERTIFICATE HOLDER</i>
ORGANIZATION: _____
ATTENTION: _____
ADDRESS: _____
TELEPHONE: _____
FAX: _____
EVENT CERTIFICATE IS NEEDED FOR:

<i>TYPE OF INSURANCE REQUIRED – Please circle type(s)</i>	
TYPE:	LIMIT:
• <u>GENERAL LIABILITY</u> →	<u>\$300,000 BI-PD /Person & \$1,000,000 *BI-PD /Occurrence</u>
• <u>AUTO LIABILITY</u> →	<u>\$300,000 BI-PD /Person & \$1,000,000* BI-PD /Occurrence</u>
• <u>WORKER'S COMPENSATION</u> →	<u>STATUTORY LIMITS</u>
• <u>STUDENT INTERN LIABILITY</u> →	<u>\$1,000,000/Occurrence & \$3,000,000 in the Aggregate</u>
• <u>PROPERTY</u> ®	<u>Please describe property and limit requested:</u>

<i>ADDITIONAL INSURED? (PLEASE ATTACH WORDING IF NECESSARY)</i>

<i>LOSS PAYEE? (PLEASE ATTACH WORDING IF NECESSARY)</i>

Mail: Risk Management Division, 320 Centennial Office Bldg, 658 Cedar Street, St. Paul, MN 55155
Fax: (651) 297-7715