**Certificate of Insurance Request Form**

*Please complete this form if an external party requests a proof of the University’s insurance coverage. Return the completed form to* [*comptrollersoffice@upei.ca*](mailto:comptrollersoffice@upei.ca) *for processing. \* THIS IS AN INTERNAL FORM\**

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| --- | --- | --- | --- |
| PART 1: REQUESTER’S INFORMATION *(University Employee)* | | | |
| Contact Name: |  | **Title:** |  |
| Department/Faculty: |  | **Tel. #:** |  |
| Email: |  | **Required Date:** |  |

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| PART 2: CONTACT INFORMATION: *(Organization requesting the Certificate of Insurance)* | | | |
| Organization Name: |  | | |
| Street Address: |  | **Province/State:** |  |
| **Country:** |  |
| City: |  | **Postal Code:** |  |
| Contact Name: |  | **Title:** |  |
| Tel. #: |  | **Fax #:** |  |
| Email: |  | | |

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| PART 3: NATURE OF THE OPERATIONS | | | | | |
| Is there a contract with the University: | | **Yes □ No □** | **If yes, what is the contract #?** | |  |
| Term of Contract: | Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ to  End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | *\*\*Please attach the contract* | | |
| Specific Activity: |  | | **Who is Performing the Activity?**  *(ie. faculty, students)* |  | |
| Date(s) of Activity: | Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ to  End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Location(s) of Activity:** |  | |

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| PART 4: PROOF OF INSURANCE REQUESTED | | | | |
| Please check all that apply: *(FYI - this information is contained in the contract)* | | | | |
|  | **Insurance Coverage** | **Additional Insured** | **Waiver of Subrogation** | **Limits** |
| □ | General Liability | □ | □ | $ |
| □ | Automobile | □ | □ | $ |
| □ | Property | □ |  | $ |
| □ | Professional Liability or Errors and Omissions |  |  | $ |
| □ | Excess Liability | □ |  | $ |
| □ | Workers’ Compensation |  |  |  |
| □ | Other: *(please describe)* |  | | |

If you need assistance completing this form please contact [*comptrollersoffice@upei.ca*](mailto:comptrollersoffice@upei.ca) or call 902-566-0474.

|  |  |  |  |
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| **DO NOT FILL - TO BE COMPLETED BY COMPTROLLER’S OFFICE** *(as applicable)* | | | |
| **□** | Request to CURIE *(general liability, professional liability, E&O, excess, property)* | | |
| **□** | COI received from CURIE | COI #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **□** | Copy of Automobile Insurance | **□** | Complete |
| **□** | Request to HR for WCB Clearance Certificate | **□** | Received |
| **□** | Documents saved to Certificates folder *(RM-004 Form, COIs and other supporting documents)* | | |
| **□** | Documents sent to Requester by email (*copy Risk Management*) | | |