



# Request for Certificate of Insurance

When requesting a certificate of insurance for a third party (Business, Non-Profit Organization, etc), please provide information about the requesting party below.

**Please forward the Certificate of Insurance request to Enterprise Risk Management who will handle obtaining the certificate on your behalf.**

### **Information on Requesting Party (Not Memorial University Information):**

Organization Name (Name of business, NPO, etc.)	
Street Address:	
City:	
Province/State	
Postal Code	
Country	
Contact Name	
Title	
Phone Number	
Fax Number	
E-Mail	

### **Describe the Nature of Operations for this Certificate:**

Specific activity:	
Date(s) of activity:	
Who is Performing Activity?	
Location of activity:	

### **Limit(s) of Insurance Required:**

Do you require proof of General Liability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Liability \$		
Additional Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require proof of Errors & Omissions Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Errors and Omission \$		
Do you require proof of Property Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property Insurance \$		
Additional Insured:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### **Please record any Special Instructions here:**

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