



# CERTIFICATE OF INSURANCE REQUEST FORM

**Organization Name\*:** \_\_\_\_\_

\*Office or Agency name who is requesting the Certificate (referred to as the Certificate Holder on the Certificate of Insurance – the Organization name is not the University of Windsor).

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

(MUST provide complete mailing address, including postal code)

**Contact Name:** \_\_\_\_\_ **Contact's E-Mail:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**DESCRIBE THE NATURE OF THE OPERATIONS FOR THE CERTIFICATE:**

**Specify Activity:** \_\_\_\_\_

(Brief description of activity)

**Date(s) of activity:** \_\_\_\_\_

Must provide a

Start Date

End Date

**Who is performing the Activity?:** \_\_\_\_\_

(For example: faculty member, staff, student etc.)

**Location of Activity?** \_\_\_\_\_

**Do you require proof of General Liability Insurance?** YES NO

**If yes, limits of Insurance Required (amount requested):** \$ \_\_\_\_\_

(The usual amount is \$2,000,000 coverage)

**Add Certificate Holder as "Additional Insured" on General Liability Policy of the University of Windsor:** YES NO

**Do you require proof of Errors & Omissions Insurance:** YES NO

**If yes, amount required:** \$ \_\_\_\_\_

**Do you require proof of Property Insurance:** YES NO

**If yes, amount required:** \$ \_\_\_\_\_

**Do you require a Certificate of Insurance?** YES NO

- Please attach documentation (Contract) which outlines the insurance requirements; and
- Allow 3 to 5 business days to process your request.

**Please Note:** Certificates of Insurance cannot be back dated.

**Submit Form To:** Insurance Officer ([legalservices@uwindsor.ca](mailto:legalservices@uwindsor.ca)) or send via interoffice mail to University of Windsor Legal Services, Assumption Hall 3rd Floor.