**Certificate of Insurance Request**

Please fill out the following and email riskmanagement@trentu.ca at least two weeks prior to the event (\* notes a required field).

Name of Organization Requesting Certificate \*

Street Address 1 \*

Street Address 2

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 (amount requested)

Do you require proof of General Liability Insurance? Yes No

General Liability $

Additional Insured Yes No

--------------------------------------------------------------------------------

Do you require proof of Errors & Omissions Insurance? Yes No

Errors & Omissions $

--------------------------------------------------------------------------------

Do you require proof of Property Insurance? Yes No

Property $

Additional Insured Yes No

--------------------------------------------------------------------------------

Do you require proof of Excess Property? Yes No

Excess Property $

Comments/Special Instructions/Names of Additional Insured: