

CERTIFICATE OF INSURANCE REQUEST FORM

Name of Requesting State Agency/Dept. Lewis- Clark State College	Date:	Time:
State Personnel Initiating Request: Theresa Chrisman		
E-mail Address: tjchrisman@lcsc.edu	Phone #: 208-792-2240	
Fax #: 208-792-2077		
Agency comments, if any:		
Certificate holder (name of entity requesting the certificate):		
Attention:		
Address:		
City, State, Zip:		
Job, Location or contract /Ref. #:		
Type Cert.: Liability Auto Property Other	Does the contract contain an Additional Insured requirement? Yes No	
	Does the contract require liability limits higher than \$500,000? Yes No If so, what limits?	
	Loss Payee: (generally a bank, auto dealership, vendor /lessor of equipment, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If additional Insured or Loss Payee is different from certificate holder:	
	Name:	
	Address:	
	Address:	
	Copies of contracts must be sent to the Risk Management Office if any of the above boxes are marked "Yes". Fax contract to: 208-332-1892. Attn: Joan Compton	
Description of Activity: (include who, what, where, why and number of participants.)		
DATE OF ACTIVITY:		
The Certificate of Financial Responsibility will be e-mailed by the Risk Management Program to the State Agency for distribution to Certificate Holder.		