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**REQUEST FOR CERTIFICATE OF INSURANCE (COI)**

**Sometimes a vendor, supplier, company, etc. will require St. Norbert College to submit a Certificate of Insurance to them. This form must be completed and submitted to Pat Dart or Dave Nalepka for authorization and processing.**

Date of Request: Date Needed By

 Requestor Information

|  |  |
| --- | --- |
| Name |  |
| Department: |  |  |  |
| Email Address |  |
| Telephone Number: |  | Fax Number: |  |

# Certificate Holder Information

|  |  |
| --- | --- |
| Company Name |  |
| Address: |  |
| City, State, Zip Code: |  |
| Attention: |  |
| E-mail: |  |
| Fax#: |  |
| Other Information: |  |

Note: Please attach copy of request from your customer, vendor, supplier, etc., if available

# If specific policy coverage and/or limits are being requested, please note below:

|  |  |  |
| --- | --- | --- |
|  **Type of Coverage** |  **Place “X”**  | **Note any limit requests ( $)** |
| General Liability: |  |  |
| Auto Liability: |  |  |
| Excess Liability: |  |  |
| Workers Compensation: |  |  |

**\*Is St. Norbert College being asked to list the requesting party as an Additional Insured or have any other special Interest requests?** (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Additional Insured: |  | [ ]  Vendor: |  |
| [ ]  Loss Payee: |  | [ ]  Other: |  |
| [ ]  Lessor: |  |

**\*If required to list company, supplier, vendor, etc. as an additional insured, a copy of the contract / agreement MUST be submitted with this Certificate of Insurance Request form.**

**Please forward request and/or questions to** **Pat.Dart@snc.edu** **or** **Dave.Nalepka@snc.edu**