

## Ohio University Certificate of Insurance Request Form

**Is the requesting party required to be named as an Additional Insured?**

If no, please obtain a Memo of Insurance from the Insurance link on the Risk Management website

If yes, please complete the below form and submit to Risk Management\*

**Note: Requests by Registered Student Organizations MUST include sign off by Assistant Director of Student Organizations.**

Assistant Director of Student Organizations: \_\_\_\_\_ / \_\_\_\_\_  
Print/Sign Name

**OU Department Contact Information**

Date:	
Name:	
Department/Organization:	
Phone Number:	
Email:	

**Requesting Party Information (as it needs to appear on certificate)**

Organization name:	
Address / City / State/ Zip:	
Contact Name:	
Contact Email:	
Name of Event:	
Description of Event:	
Event Start Date:	
Event End Date:	

**Type of Insurance requested and required minimum limits of each (if specified):**

General Liability	\$
Automobile Liability	\$
Other (Specify eg. Med-Mal)	\$

**\*If there is a written contract/request for this COI, please include a copy with this form**

Submit completed form to Enterprise Risk Management at [insurance@ohio.edu](mailto:insurance@ohio.edu)

For questions, contact Larry Wines, Director of Enterprise Risk Management and Insurance 740-597-1992  
[wines@ohio.edu](mailto:wines@ohio.edu)