

REQUEST FOR CERTIFICATE OF INSURANCE (Col)

Please specify which type of Col you are requesting. Submit one Col form per request.

COURSE BASED

PARTNER AFFILIATE

REQUESTORS/DEPARTMENT INFORMATION

FORM SUBMITTER NAME: _____ DATE OF REQUEST: _____

PHONE #: _____ EMAIL ADDRESS: _____

RESPONSIBLE PARTY'S NAME: _____ TITLE: _____

(Dept head, faculty person, etc.)

PHONE #: _____ EMAIL ADDRESS: _____

COLLEGE: _____ DEPARTMENT: _____

COURSE BASE REQUIREMENT: COURSE NAME/TITLE: _____ COURSE #: _____

PARTNER AFFILIATE REQUIREMENT: PROGRAM NAME: _____ CONTRACT END DATE: _____

YOU MUST SELECT ONE:

Evidence of Insurance Only

Evidence of Insurance and ***Additional Insured**

If additional insured coverage is required **PDF a copy of signed contract (recital, indemnification, and insurance requirements sections). Contracts must be signed by an authorized CSUMB representative from Business and Support Services NOT by your Department.*

CERTIFICATE HOLDER INFORMATION: BUSINESS INFORMATION

NAME OF CERTIFICATE HOLDER: _____

(Name of Organization (Landowner, Facility Owner, etc.)

ADDRESS: _____

NAME OF CONTACT PERSON: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NOTE: THIS REQUEST WILL NOT BE FULFILLED UNLESS THE FOLLOWING ITEMS HAVE BEEN COMPLETED FIRST.

Student participants (not if paid employee) have read/signed/returned to you the [Release of Liability with Photo Release form](#).

Assure that any and all agreements have been reviewed and signed by either the Corporation (auxiliary units) or Business and Support Support Services (BSS) for the state.

Additional Program specific Checklist items if applicable:

- _____
- _____
- _____
- _____

REQUEST FOR CERTIFICATE OF INSURANCE

FOR THE INSTRUCTORS, PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | | | |
|---|------------|-----------|
| 1. Will you OR the partner/partner facility be providing PPE to the participants if needed/required? | Yes | No |
| 2. Is there any reference to youth participants or minor participants within your program? | Yes | No |

(If NO, you need not answer the next 2 bulleted questions)

- If Yes, have you discussed this program further with Jennifer Geertsen and or Amy Thomas prior to submitting your request? Yes No
- If NO, please contact: Jennifer at risk@csumb.edu or Amy at AmyThomas1@csumb.edu prior to moving your Col request forward to ensure that you are follow campus Policy.

PROGRAM INFORMATION and INSURANCE DETAILS:

Describe the scope of operation/program (details of event/trip/study-attach course documents), *location (address)*, exact participation dates, and *insurance requirements*:

NOTE for SUBMITTING YOUR REQUEST: Please allow **for 7 to 10 business days** for processing, after you have submitted a complete AND accurate form with all required documents. Please ensure that you keep all Release of Liability/Waiver Release with Photo Release in your department as per EO 1031.

For CinArt: Please provide your “approved” and signed Capstone Project Number and your Film Project Pre-Planning Questions: Site & Activities Risk Assessment (SARA) Forms with the Col request.

NOTE TO ALL: A copy of the certificate should be sent to the certificate Holder and Requester. It is **YOUR** responsibility to ensure that they receive a copy. ALWAYS bring a copy with you on your trip/event.

To submit this form and for questions please contact: risk@csumb.edu or call: 831-582-5216.