

# CERTIFICATE OF INSURANCE REQUEST FORM

Please complete form and e-mail to [melissa.frank@uconn.edu](mailto:melissa.frank@uconn.edu)

All requests for COI's from the University must be submitted to the State Insurance and Risk Management Board by this point of contact.

Requested By: Melissa Frank Date of Request: \_\_\_\_\_

Phone # of Requester: (860) 486-0621

Email of Requester: melissa.frank@uconn.edu

Insured/State Agency: University of Connecticut

Address of State Agency: 3 Discovery Drive, U-6076, Storrs, CT 06269-6076

Certificate Holder: \_\_\_\_\_

Address of Cert Holder: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Additional Insured\*: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Dates Coverage Needed: \_\_\_\_\_

Description of Event or Special Information:

**\*Does the underlying contract specify that we will name the party as an Additional Insured? If not, then we name the party as a Certificate Holder only.**

Note - Please include the following as needed:

For property or equipment – Year, Make, Model, Serial #, VIN #, Value

For events – Description of Event, Number of Participants

**Please include any backup – contracts, lease agreements, etc.**