**REQUEST FOR CERTIFICATE OF INSURANCE**

University of Dayton

Facilities Management

Environmental Health & Safety/Risk Management (EH&S/RM)

Robin Oldfield, Director

300 College Park

Dayton, OH 45469-2959

937 229 4503 (phone) / 937 229 4395 (fax)

roldfield1@udayton.edu

This request should be sent to EH&S/RM at least seven business days prior to the date the certificate is required, along with any written contract or agreement between the University of Dayton and the outside agency.

**REQUESTOR’S INFORMATION:**

**Today’s Date:**

**Date Requestor needs the Certificate of Insurance:**

**UD Department or Organization:**

**Contact Name:**

**Contact Phone:**

**Contact Email:**

**Describe the event or activity: (reason for the requiring a certificate of insurance)**

**(*Include description, location, and other pertinent information.)***

**Event Start Date:**

**Event End Date:**

**RECIPIENT’S INFORMATION (agency requesting the Certificate of Insurance)**

**Agency’s Name:**

**Contact Name:**

**Address:**

**City/State/Zip:**

**Phone:**

**Fax**:

**OTHER:**

**Contract or agreement between UD and agency attached**: **Yes [**   **] No [** **] Not Applicable [** **]**

**Agency to be named as “additional insured”**: **Yes [**  **] No [** **]**

**Agency’s special requirements attached**: **Yes [**   **] No [** **] Not Applicable [**  **]**