

## CERTIFICATE OF INSURANCE REQUEST FORM

If you are required to provide a Certificate of Insurance to a vendor, contractor, or other entity for any reason, please complete this form and fax it along with any supporting documentation (contract, agreement, application, etc) to Kathie Fricke in Risk Management at (202) 687-5680.

**\*Required Fields**

<b>*Does this certificate require an annual renewal?    ___ Yes    ___ No</b>	
<b>*Your Name</b>	<b>Your Title</b>
<b>*Your Department</b>	<b>*Your e-mail Address</b>
<b>*Your Telephone Number</b>	<b>Your Fax Number</b>
<b>*Name of Certificate Holder (i.e. Entity requesting the certificate)</b>	
<b>*Address of Certificate Holder (&amp; contact person if available)</b>	<b>*Phone Number of Certificate Holder</b>
<b>E-mail Address of Certificate Holder (if available)</b>	<b>*Fax Number of Certificate Holder</b>
<b>Description of Activity:</b> (This includes events, activities, research programs, leased and rented property, and various contracts.) <b>For events, activities, and performance contracts include the date(s), time(s), and location of the event or activity. For leased and rented property, i.e., computer equipment, include a description and the dollar value of the property.</b> (It is not necessary to include the value of leased or rented vehicles or the value of buildings when renting space.)	

Type of Certificate of Insurance Requested:

_____ Property	_____ General Liability
_____ Auto	_____ Workers' Compensation
_____ Professional Liability	
<b>Other Information Required on Certificate</b>	