

**Regent University
Certificate of Insurance
Request Form**

Use this form to communicate a request for a certificate of insurance to be issued to a third party. (A separate form is required on each 3rd party requesting a certificate of insurance, even if it is the same event.) **NOTE:** This form must be signed by your Instructor, or it will not be processed.

Event/Film Title _____ Course #/Class Title _____

Dates Required _____

ISSUE CERTIFICATE TO:

Entity: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ - _____ E-Mail: _____

DELIVER CERTIFICATE VIA:

() FAX Fax # (_____) _____ - _____

() Regular Mail

() Express Mail (If Express, do not show P.O. Box mailing address in above section.)

COVERAGES TO BE CERTIFIED: (to be filled out by Regent or Insurance Broker)

Liability () Limit: _____ Auto Liability ()

Property () Value: _____ Transit/Cargo ()

Value: _____

WorkComp () Other ()

Specify: _____

Special Language: _____

Conditions:

Loss Payee () Add'l Insured ()

No. Days Notice _____ Waiver or Subor ()

Signature: _____ Date: _____

Authorized Regent University Representative (Instructor)