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)