Lehigh University Office of Risk Management
Request Form for Certificate of Insurance

Attn: Lynn Takacs Ph: 610-758-3899
Risk Management Coordinator Fax: 610-758-5855
616 Brodhead Avenue E-Mail: lmc210@lehigh.edu

Date of Request: __________________________ Date Certificate Needed: __________________________
Requestor: __________________________ Department: __________________________
Phone: __________________________ E-Mail: __________________________

CERTIFICATE TO BE ISSUED TO:

Certificate Holder: ____________________________________________________________
Attention: ____________________________________________________________
Address: ____________________________________________________________
City, State,Zip: ____________________________________________________________
Phone: __________________________ Fax: __________________________
E-Mail: ____________________________________________________________

DESCRIPTION OF EVENT/ACTIVITY: ____________________________________________________________
(Include start/end dates)

COVERAGE REQUESTED (Check all that apply):

___GENERAL LIABILITY LIMITS: _____________
___AUTOMOBILE LIABILITY LIMITS: _____________
___PROPERTY LIMITS: _____________
___FINE ARTS LIMITS: _____________
___FIDELITY BOND LIMITS: _____________
___OTHER LIMITS: _____________
___OTHER LIMITS: _____________

SPECIAL REQUIREMENTS: ____________________________________________________________
__________________________________________________________

Attach a copy of the agreement or contract and fax or e-mail along with this page to:

Office of Risk Management: 610-758-3899 (lmc210@lehigh.edu)

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