

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

Attn: Lynn Takacs  
Risk Management Coordinator  
616 Brodhead Avenue

Ph: 610-758-3899  
Fax: 610-758-5855  
E-Mail: [lmc210@lehigh.edu](mailto: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):

<input type="checkbox"/> GENERAL LIABILITY	LIMITS:	_____
<input type="checkbox"/> AUTOMOBILE LIABILITY	LIMITS:	_____
<input type="checkbox"/> PROPERTY	LIMITS:	_____
<input type="checkbox"/> FINE ARTS	LIMITS:	_____
<input type="checkbox"/> FIDELITY BOND	LIMITS:	_____
<input type="checkbox"/> OTHER _____	LIMITS:	_____
<input type="checkbox"/> 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](mailto:lmc210@lehigh.edu) )**

