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

Requestor:	Date of Request:	Date Certificate Needed:
CERTIFICATE TO BE ISSUED TO: Certificate Holder: Attention: Address: City, State,Zip: Phone: E-Mail: DESCRIPTION OF EVENT/ACTIVITY: (Include start/end dates) COVERAGE REQUESTED (Check all that apply): GENERAL LIABILITY LIMITS: AUTOMOBILE LIABILITY LIMITS: PROPERTY LIMITS: PROPERTY LIMITS: FINE ARTS LIMITS: FINE ARTS LIMITS: OTHER LIMITS: OTHER LIMITS: LIMITS: LIMITS: LIMITS: OTHER LIMITS: L	Requestor:	Department:
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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)