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Risk Management and Access to Information

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**REQUEST FOR CERTIFICATE OF INSURANCE**

**CONFIDENTIAL**

Please supply in the “RESPONSE” column the answers to each item in the “INFORMATION REQUIRED” column:

|  |  |
| --- | --- |
| **INFORMATION REQUIRED** | **RESPONSE** |
| (1) Name of external individual/ organization seeking Certificate |  |
| (2) Name to appear on Certificate, if different from that in (1) |  |
| (3) Address of external individual/ organization |  |
| (4) Contact name and title of external individual/ organization representative |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |
| (5) Describe the activity (-ies) to be covered by this Certificate (if student placement, please include the name and number of the University course covering the placement) |  |
| (6) Dates of activity (if placement, give approximate start and end dates) |  |
| (7) Who will be performing the activity? (if placement, name of student) |  |
| (8) University unit authorizing the activity |  |
| (9) Location of activity |  |
| (10) Type(s) of insurance required by external individual/organization |  |
| (11) Limit(s) of insurance required by external individual/organization (show separately the limit for every type of insurance specified in (10)) |  |
| (12) Does the external individual/ organization wish to be made an “Additional Insured”? |  |
| (13) Other requirements (if any) of external individual/organization |  |
| (14) Should Certificate be renewed next year? |  |
| (15) Date of this request |  |
| (16) Signature (may be electronic) of University officer authorizing this Certificate request |  |

Please return completed form to the Administrative Assistant, Office of the Vice-President (Administration & Finance)