

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

Attn: Lynn Chermansky  
Risk Management Coordinator  
616 Brodhead Avenue

Ph: 610-758-6246  
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: 610-758-6246 ( [lynn.chermansky@lehigh.edu](mailto:lynn.chermansky@lehigh.edu) )**