

UNIVERSITY OF INDIANAPOLIS

Property Certificate of Insurance Request Form

Date of Request: _____

Date Needed By: _____

Date of Event/Activity: _____

REQUESTOR INFORMATION

University Department Requesting: _____

University Contact Name: _____

Phone Number: _____

E-mail Address: _____

CERTIFICATE HOLDER INFORMATION

Exact name as it should appear on the certificate. Must include mailing address, contact person and e-mail or fax number.

Certificate Holder: _____

Street Address: _____

City, State, Zip Code: _____

Attention: Name/Title/Department: _____

E-mail: _____

PROPERTY INFORMATION

Property Address: _____

Mortgage: _____

Closing Date: _____

Occupancy: _____

Type of Home (i.e. single story, duplex, etc.): _____

Date Built: _____

Frame: _____

Sq. Ft. House: _____

Amenities (i.e. garage, etc.): _____

Basement?: YES _____ NO _____

Attached Garage (i.e. Built 1935/Frame): _____

Notes: _____

Please submit the Certificate of Insurance Request Form to risk@uindy.edu. If you have questions, please contact Laura Walden at waldenl@uindy.edu.

Risk Management will have your certificate issued within three to five business days. Risk Management will send the certificate to the certificate holder via e-mail and copy the requestor.