

Risk Management Office
3100 Main
Houston, TX 77002
713 718-5100
713 718-5177 Fax

Houston Community College

Fax

To: _____
Fax: _____
Phone: _____
Re: _____

From: _____
Date: _____
Pages: _____
CC: _____

Urgent For Review Please Comment Please Reply

Comments: To request a certificate of insurance the following information is needed.

1 a. What is the rationale for the certificate being requested?

b. What is the physical address of the site?

2 Effective date of certificate: _____

Ending date of certificate: _____

3 Type of insurance:

- | | |
|---|---|
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Property |
| <input type="checkbox"/> Additional Insured | <input type="checkbox"/> Automobile |
| <input type="checkbox"/> Waiver of Subrogation (Must Be Required By Contract) Submit a Copy | |

4 Send certificate to:

Contact Person _____
Address _____
Phone _____
Fax _____