

## REQUEST FOR CERTIFICATE OF INSURANCE

Washington State University  
 Office of Risk Management and Insurance  
 Pullman, WA 99164-1045  
 509-335-6893  
 Fax 509-335-3930  
 E-mail: riskmanagement@wsu.edu

See BPPM 50.11 for additional instructions.

REQUESTING DEPARTMENT	
WSU Department:	Primary Point of Contact:
Address:	Phone:
	E-mail:
	Fax:

PERIOD OF INSURANCE COVERAGE	
Begin Date:	End Date: Continuous

NOTE: Certificates are issued with a continuous expiration date and can be used for future events at the certificate holder's location. We are continuously insured through the State of Washington's Self-Insurance Liability Program. Should we ever elect to withdraw from the program; the certificate holder will be notified 45 days prior to cancellation.

CERTIFICATE HOLDER (Third Party or Additional Insured)	
Third Party Organization Name	Primary Point of Contact
Address	Phone:
	E-mail:
	Fax:
Other required items from contract i.e., other parties named insured, directors, officers, agents, employees, etc.	
Event Location:	
Description: (Brief description of the event, function, provision of services, use of facility)	

**Attach a copy of the insurance provisions of the contractual agreement between WSU and the third party organization. Return form and attachments to the Office of Risk Management and Insurance via e-mail, fax or mail.**