

# REQUEST FOR CERTIFICATE OF INSURANCE

Washington State University  
Office of Risk Management  
Pullman, WA 99164-1172  
(509) 335-6893  
FAX (509) 335-4442  
E-mail: riskmanagement@wsu.edu

See BPPM 50.11 for additional instructions.

REQUESTING DEPARTMENT		
WSU DEPARTMENT	PRIMARY CONTACT NAME	
ADDRESS	TELEPHONE	FAX
	E-MAIL ADDRESS	

PERIOD OF INSURANCE COVERAGE	
BEGIN DATE	END DATE

NOTE: Certificates are issued with a continuous expiration date and may be used for future events at the certificate holder's location. WSU is continuously insured through the State of Washington's Self-Insurance Liability Program. Should the University ever elect to withdraw from the program, the Office of Risk Management will notify the certificate holder 45 days prior to cancellation.

CERTIFICATE HOLDER (Third Party or Additional Insured)		
THIRD PARTY ORGANIZATION NAME	PRIMARY CONTACT NAME	
ADDRESS	TELEPHONE	FAX
	E-MAIL ADDRESS	
OTHER REQUIRED CONTRACTUAL INFORMATION (i.e., other parties named as insured, directors, officers, agents, employees, etc.)		

EVENT, FUNCTION, PROVISION OF SERVICES, FACILITY USE
EVENT LOCATION
DESCRIPTION (Brief description of the event, function, provision of services, or facility use.)

WSU1400-RISKMGTO02-1106

**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 by e-mail, fax, or postal mail.**