



Client Request for Certificates of Insurance

Fax To: (415) 536-8499

E-mail: myrna_herbert@ajg.com **Number of Pages:** _____

Date of Request: _____ **Date Needed By:** _____

Check box if this cert is to be issued on a one time only basis (please note, checking this box will automatically exclude this holder from next year's renewal)

Requestor Information

Named Insured:	University of San Francisco (UNIVOFS-07)		
Requestor Name:	Melissa Diaz		
Telephone Number:	(415) 422-5899	Email:	mddiaz2@usfca.edu

Certificate Holder Information

Certificate Holder and address:

Note: Please attach copy of request from your customer, vendor, supplier, etc, if available

Coverage & Limit Information

Templates:	
<input type="checkbox"/> \$1M/\$3M AGG (GL AL LPL)	<input type="checkbox"/> Without Additional Insured Endorsement
<input type="checkbox"/> \$1M/\$3M AGG (GL AL WC)	<input type="checkbox"/> Include Blanket Additional Insured
<input type="checkbox"/> \$1M/\$3M AGG (GL AL LPL WC AD&D XS)	<input type="checkbox"/> Additional Insured- specifically endorsed
<input type="checkbox"/> \$1M/\$3M AGG (GL WC)	

*GL – General Liability; AL – Auto Liability; WC – Workers Compensation; LPL – Licensed Professional Liability ; AD&D – Student Accident ; XS –Excess Liability

Additional insured if different from the Certificate Holder:

Reason for the Certificate; Event Type and Date



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Distribution

Original to*:	<input type="checkbox"/> Certificate Holder	<input type="checkbox"/> Mail	<input type="checkbox"/> e-mail	<input type="checkbox"/> Fax #
	<input type="checkbox"/> Named Insured	<input type="checkbox"/> Mail	X e-mail: mddiaz2@usf ca.edu	<input type="checkbox"/> Fax #
	<input type="checkbox"/> Other	<input type="checkbox"/> Mail	<input type="checkbox"/> e-mail	<input type="checkbox"/> Fax #

Questions can be directed to:

Myrna Herbert (415) 536-8425