

Certificate of Insurance

OVERVIEW

Occasionally, the University must provide evidence of insurance coverage to third parties. Such evidence is generally called a Certificate of Insurance. The third party may be named as additional insured under WSU's self-insurance program or other insurance policies. See also *EP6: Policy on Risk Management*.

WSU's liability for the negligent acts of its employees is covered through the State Agency Self-Insurance Liability Program (SILP) (*RCW 4.92, et. seq.*) administered by the Washington State Department of Enterprise Services, Office of Risk Management (DES/ORM). The coverage only applies when non-University employees or their property are injured or damaged due to the negligence of a WSU employee or agent. In order for the coverage to apply, the employee or agent must be acting in good faith on behalf of WSU and within the scope of the duties assigned to the individual by WSU at the time the loss occurs. SILP does not provide coverage for employee injuries or property damage of other SILP-covered state entities.

WSU Risk Management Services processes and submits all University requests for Certificates of Insurance to the DES/ORM for issuance.

Event, Function, Provision of Services, or Use of Facility

When a WSU department holds an official event, function, provides services, or otherwise uses an organization's facility for official purposes, that organization may require evidence of insurance coverage obtained by the University.

Student-Sponsored Events

Student-sponsored events are excluded from WSU's liability insurance. The DES/ORM does not issue certificates of insurance for such activities.

REQUEST FOR CERTIFICATE OF INSURANCE

To obtain a Certificate of Insurance, complete and submit a Request for Certificate of Insurance to Risk Management Services.

The Request for Certificate of Insurance form is available in PDF format on the Procedures, Records, and Forms (PR&F) website at:

policies.wsu.edu/prf/index/forms/

Required Information

Include the following information on the Request for Certificate of Insurance.

Requesting Department

Enter the requesting department name, address, telephone, e-mail address, and the name of the primary contact individual.

Certificate of Insurance

Third Party Enter the third party organization name, address, telephone, e-mail address, and the name of the primary contact individual.

Period of Insurance Coverage Enter the beginning and ending dates and times of the event, function, provision of services, or facility use.

Location Enter the location or site where the event or provision of services is occurring.

Description Enter a brief description of the event, function, provision of services, or facility use.

Attach Agreement Attach a complete copy of the contractual agreement applicable to the event, function, provision of services, or facility use.

**RECEIVING
CERTIFICATE**

The DES/ORM sends a scanned copy of the certificate to WSU Risk Management Services. WSU Risk Management Services forwards the scanned certificate to the requesting department.