

REQUEST FOR CERTIFICATE OF INSURANCE

Washington State University
Risk Management Services
Pullman, WA 99164-1172
509-335-6893

See BPPM 50.11 for additional instructions.

E-mail: riskmanagement@wsu.edu

REQUESTING DEPARTMENT	
WSU DEPARTMENT	PRIMARY CONTACT NAME
ADDRESS	TELEPHONE
	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 (SILP).

CERTIFICATE HOLDER (Third Party or Additional Insured)	
THIRD PARTY ORGANIZATION NAME	PRIMARY CONTACT NAME
ADDRESS	TELEPHONE
	E-MAIL ADDRESS
OTHER REQUIRED CONTRACTUAL INFORMATION (e.g., 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 facilities use.)

WSU1400-RISKMG002-1018

**Attach a copy of the contractual agreement between WSU and the third-party organization.
Return form and attachments to Risk Management Services by e-mail or postal mail.**