

University of San Diego Certificate of Insurance Request Form

USD Requesting Party:

Today's Date:

Phone:

Cert needed by:

Email:

Add'l pages attached (Y/N):

Certificate Holder - FULL NAME & ADDRESS:

Email address of where certificate should be sent:

(copies will be emailed to requestor and insured)

Required Coverages (check applicable coverage)

- General Liability
- Automobile Liability
- Workers' Compensation/Employers Liability
- Umbrella/Excess Liability
- Limited Professional Liability
- Fine Arts Liability
- Additional Insured

Other/Special Requests:

- Retain certificate for annual renewal.

Attach any supporting documentation (copy of lease/agreement, etc.)

PLEASE EMAIL COMPLETED FORM TO: [Alyssa Best@ajg.com](mailto:Alyssa.Best@ajg.com)

If you have any questions, please contact:

Debbie Russell
Area Executive Vice President
Arthur J Gallagher & Company
PH: 818-539-1211
Cell: 626-862-4473