

TEACHERS COLLEGE

COLUMBIA UNIVERSITY

Office of Risk Management

How to complete and submit a **Certificate of Insurance Request Form** as required by outside parties:

- 1) **Section 1 – Teachers College Contact Information:** Must be completed by the requestor at Teachers College. The requestor cannot be the vendor and/or third party contractor who is requesting a certificate of insurance.

- 2) **Section 2 - Certificate Holder Information:** This refers to the party who is requesting the certificate of insurance (evidence or proof of insurance). The requestor must complete this section with the certificate holder information.

- 3) **Section 3 - Certificate Requirement:** This section references the coverage as is evident on the certificate of insurance. Generally, the certificate holder requests evidence of the General Liability, Automobile, Workers Compensation and the Umbrella liability pending on the service of contract. In addition, the typical limit required is \$1,000,000 per policy to be evidence on the certificate of insurance; the limit amount should be stated within the insurance section of the contract. Please note “Other” coverage may relate to Professional Liability (Errors and Omission) and Property.

- 4) **Section 4:** Should the certificate holder be named as an additional insured on the certificate of insurance? This information can be found on the contract of service. Typically, certificate holders will require the additional insured language to be inserted within the certificate of insurance.

- 5) Please submit the Certificate of Insurance Request Form and the signed contract by General Counsel and/or authorized representative of the College to the Office of Risk Management at kaplan@tc.edu. Generally, a certificate of insurance will be issued within 48 hours of your request, via email.

*** All certificates will be issued as "Information Only" unless expressly outlined in a contract between Teachers College and the Certificate Holder. The contract must be approved and signed by General Counsel and/ or authorized representative of the College and submitted along with this application before a certificate will be issued.**

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Office of Risk Management Certificate of Insurance Request Form

1. Teachers College Contact Information

Name:

Your Department or Organization:

Campus Address:

Telephone #:

Email:

* Contract Approved?

Brief contract summary (Type of service rendered):

Location and Event Details:

2. Certificate Holder Information

Name:

Address:

Phone #:

Fax:

Email:

3. Certificate Requirements

Coverage as is evident on the Certificate of Insurance. Please check the coverage that is required and the limit amount.

General Liability \$

Workers Compensation \$

Automobile Liability \$

Umbrella Liability \$

Other \$

4. Is the certificate holder required to be named as an additional insured? If yes, please provide detailed information.

* All certificates will be issued as "Information Only" unless expressly outlined in a contract between Teachers College and the Certificate Holder. The contract must be approved and signed by General Counsel and/ or authorized representative of the College and submitted along with this application before a certificate will be issued.