



Certificate of Insurance Request Form

Please complete this form and email to Maria Generis at mgeneris@manchestercc.edu

REQUESTED BY

First Name	Last Name	Date of Request
Email		
Phone Number of Requester		Fax Number of Requester
Insured/ State Agency	Manchester Community College	
Address of State Agency	60 Bidwell Street, MS #10, Manchester, CT 06040	

NAME OF CERTIFICATE HOLDER

First Name	Last Name				
Address of Certificate Holder	Number and Street	Apt. #	City	State	Zip
	Additionally Insured Please list				
Description of Event or Special Information	Please describe in detail		Date of Event	Date of Coverage	
	<p>ADDITIONAL INFORMATION</p> <p>Please include the following as needed:</p> <ul style="list-style-type: none"> • FOR PROPERTY OR EQUIPMENT: Year, make, model, serial #, VIN #, value • FOR EVENTS: Description of event, number of participants • FOR FINE ARTWORK: List each item with individual values <p>Please include any backup (i.e. insurance requirements in contracts, lease agreements, etc.)</p>				

COVERAGE REQUIRED

If specific limits are needed, please indicate.

- | | | | |
|---|----------|------------------------------|-----------------------------|
| <input type="checkbox"/> Commercial General Liability | \$ _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Automobile Liability | \$ _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Automobile Physical Damage | \$ _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Property (please indicate amount needed to see): | \$ _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |