CALIFORNIA INSTITUTE OF TECHNOLOGY
RISK MANAGEMENT OFFICE
Certificate of Insurance Request Form

Attach a copy of the agreement / contract and fax or email along with this page to:

Attn: Darren Artura  Ph: 626-395-6878
Risk Manager  Fax: 626-449-6853
Mail Code 2-42  Email: darren.artura@caltech.edu

Please allow 3 -5 working days for processing.

<table>
<thead>
<tr>
<th>Date of Request:</th>
<th>Date Certificate Needed:</th>
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<tbody>
<tr>
<td>Requestor:</td>
<td>Department:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
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<td>Email:</td>
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CERTIFICATE TO BE ISSUED TO:

Certificate Holder: ____________________________
Attention: ____________________________
Address: ____________________________
City, State, Zip: ____________________________
Phone: ____________________________
Fax: ____________________________
Email: ____________________________

DESCRIPTION OF EVENT/ACTIVITY: (Include start/end dates)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

INSURANCE REQUIREMENTS REQUESTED (check all that apply):

___ General Liability  Limits: ____________
___ Auto Liability  Limits: ____________
___ Property Liability  Limits: ____________
___ Workers Compensation /Employers Liability  Limits: ____________
___ Umbrella/Excess Liability  Limits: ____________
___ Other: ____________________________  Limits: ____________
___ Additional Insured – Specify ____________________________

SPECIAL INSTRUCTIONS:

__________________________________________________________________________

DELIVERY INSTRUCTIONS:
Original Certificate is automatically sent to the Certificate Holder via US Post Office Mail.
Fax/email copy to: □ Certificate Holder  □ Requestor  □ Other Specify ____________________________