

# Rochester Institute of Technology

## Certificate of Insurance Request Form

Return Form Request via Fax or Email to:  
**Gallagher Service Center – 24 hour turnaround time - [certrequests@ajg.com](mailto:certrequests@ajg.com)**  
**and Sue Doyle**  
**Fax: 630-285-4062**  
**Email: [Sue\\_Doyle@ajg.com](mailto:Sue_Doyle@ajg.com)**

- |  |  |
|--|--|
| <input type="radio"/> Rochester Institute of Technology<br>13 Lomb Memorial Dr.<br>Rochester, NY 14623   | Request Date: _____<br><br>Requested By: _____ |
| <input type="radio"/> Rochester Institute of Technology Physician Assistant and Allied Health Students<br>13 Lomb Memorial Dr.<br>Rochester, NY 14623  | Req, Email : _____<br><br>Req Phone #: _____   |
| <input type="radio"/> RIT Film and Visual Arts<br>13 Lomb Memorial Dr.<br>Rochester, NY 14623<br><b>Must include completed Film and Photo Student Risk Management Checklist and Application for General Liability Insurance.</b> |  |

Name & Address of Certificate Holder: _____ _____ _____
E-mail address: _____ (Email address is required to issue the certificate)
Certificate Purpose: _____ If this is for an event, please state type of event, location, and date. Please note that event dates cannot exceed policy term expiration date.
Special Wording: _____

Coverage Requested – Please Check

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> General Liability                    | <input type="checkbox"/> Auto              | <input type="checkbox"/> Property                 | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Allied Health Professional Liability | <input type="checkbox"/> Foreign Liability | <input type="checkbox"/> Excess/Umbrella Coverage | <input type="checkbox"/> Other _____           |

Additional Insured Requested (applies to Liability only) Yes

**MUST INCLUDE A COPY OF CONTRACT IF REQUESTING ADDITIONAL INSURED STATUS**

Loss Payee Requested (applies to Property only) Yes