Request for Certificate of Insurance

TO: ___________________ FIRM: ___________________________ DATE:_____________

DU Originator: ___________________ Phone: ___________ Email: ______________

I. Please provide appropriate required insurance and provide to the DU Originator listed above.

Per University of Denver Enterprise Risk Management requirements, we are requesting that as a 3rd party vendor for the University of Denver, you provide a “Certificate of Insurance” in the following amounts as a condition of conducting business with the University. Standard terms and conditions include items 1-3 below. Lines of coverage and limits of liability may vary for high-risk activities.

1. _____ Additional Insured
   Please list University of Denver as additional insured in the description section of the certificate for all coverage for General Liability or as noted: “The University of Denver shall be named “additional insured” as respects their interest in_______________________________ with anticipated dates of ____ _____.

2. _____ Standard General Liability requirements:
   A minimum of $1Million per occurrence/$2Million aggregate
   Sub limits should include a minimum of $250,000 fire legal liability unless otherwise noted for all

3. _____ Automobile Liability:
   $1M combined single limit

4. _____ Workers’ Compensation (If applicable - more than 1 employee in Colorado):
   Statutory Amounts as required by law if your employees are performing services for the University.

II. Completion Instructions for Description Section of Certificate:

All contracts must state the university’s legal name in the recital section. Standard insurance terms for all third party vendors plus any additional insurance requirements are listed in Section III of this document. The Contracts shall name the University as additional insured with the following language in the “description” section of the Certificate of Insurance (COI):

  “Colorado Seminary, a Colorado nonprofit corporation which owns and operates the University of Denver is named an additional insured as respects their interests.” Date__________ Activity________________

III. Completion Instructions for Certificate Holder Section:

University of Denver
Enterprise Risk Management
2199 S. University Blvd, #414
Denver, CO 80208-4842

Ryan Talmage
Risk & Insurance Analyst

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