Request for Certificate of Insurance

TO: _____________ VENDOR: ___________________________ DATE: ____________

DU ORIGINATOR NAME: ______________________ PHONE: __________ EMAIL: _______________

I. Please provide appropriate insurance as marked and provide to the DU Contract Originator listed above.

Per University of Denver Risk Management requirements, we are requesting that as a 3rd party vendor of 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 or other activities.

1. **X** Additional Insured
   i. Please list University of Denver as additional insured in the description section of the certificate for all coverage for General Liability (#2 or 3) or as noted: “The University of Denver shall be named “additional insured” as respects their interest in____________________________ with anticipated dates of ____ _____.

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

3. **X** Workers’ Compensation (If applicable -> 1 employee for CO)
   i. Statutory Amounts as required by Law if your employees are performing services for the University.

4. ______ Other Coverage (as requested by Risk Management)
   i. ______________
   ii. ______________

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 I 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.”

III. Completion Instructions for Certificate Holder Section:

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

Regards,
Andrew Stephenson
303.871.2354

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