

Please return this completed form to:  
Risk Management Coordinator  
University of California  
Division of Agriculture & Natural Resources  
300 Lakeside Drive, 6th Floor  
Oakland, CA 94612-3560  
Fax: 510-987-0965

## REQUEST FOR CERTIFICATION OF INSURANCE

---

Responsible Division staff/member

---

Phone Number

---

County Name

---

Name of entity to whom certificate is to be issued

---

Address of entity

Effective time and date of the activity: \_\_\_\_\_

Expiration time and date: \_\_\_\_\_

*(Note: Times and dates are required if the party is asking to be named as additional insured)*

Fill in Each Category for Minimum Dollar Amount Limits Required (if these limits are not written in the agreement, please contact the party and ask them; they may need to contact their insurance agent):

Each Occurrence	\$
Personal and Advertising Injury*	\$
General Aggregate	\$
Vehicles Owned, Non-owned and Hired*	\$

\*Include **only** if agreement and/or activity require its inclusion.

Is there an agreement that needs to be signed in order to secure the facility?

Yes  No

If yes, please attach agreement.

If no, please complete Attachment D or Attachment E. (These forms can be found on the ANR Risk Management website.)

Is the party requesting to be named as an additional insured?

Yes  No

Please attach agreement with detailed times and dates.

Name of the party asking to be named as additional insured (if different from above).

---

Name of University group or activity

---

Type of Event

**30 days written cancellation or modification notice is standard with UC's self-insurance programs.**