

**FCSRMC – CERTIFICATE OF INSURANCE REQUEST FORM**

**Desired Delivery Rate**

Urgent/Rush

Standard

**College:** \_\_\_\_\_

Describe Nature of College Activity (be specific):  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of College Activity: \_\_\_\_\_

**Facility/Company Requesting Certification of Insurance:**

Certificate Holder: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Type of Coverage to be Certified:**

**Allied Health Sciences Programs – Professional Liability**

CURRICULA: \_\_\_\_\_

Facility named above is to be listed as Additional Insured - **\$75 per additional insured status**

- **Applies to Allied Health COI's only;**
- **Must have contract/agreement attached**

**Automobile Liability – Please Choose One – No Additional Insured Provided**

**768.28 F.S.** \$200,000 per person/\$300,000 per occurrence; or

**United Educators** coverage (*to be used if College is unable to negotiate out of higher limits of liability*)

\$1 million limit                      \$5 million limit

**Education/Training Student Accident**

**General Liability – Please Choose One**

**768.28 F.S.** \$200,000 per person/\$300,000 per occurrence – **No Additional Insured Provided;** or

**United Educators** coverage (*to be used if College is unable to negotiate out of higher limits of liability, additional insured requirements, etc.*)

\$1 million limit                      \$5 million limit                      Additional Insured (attach contract)

**Property**

Up to \$1 million in property

Property excess of \$1 million

Facility/Company to be listed as Loss Payee (Specify Full Name per Contract)

\_\_\_\_\_  
Loss Payee Letter (Only applicable if specifically requested by Contract)

**Workers' Compensation**

**Handling/Distribution Instructions:**

College Contact Email (**Required** for College delivery): \_\_\_\_\_

Certificate Holder Email (**Required** for Cert. Holder delivery): \_\_\_\_\_

**APPROVAL/CERTIFICATION OF COLLEGE RISK MANAGEMENT COORDINATOR**

By signing below, I confirm that I have reviewed the contract or agreement, between the College and the Certificate Holder named above, which calls for the requested certificate of insurance (COI), to ensure that the insurance and indemnity requirements of the contract or agreement comply with the terms of F.S. 768.28, and any other effective coverages the College has through the FCSRMC. I understand that the requested COI is not a guarantee of coverage for any particular event or set of circumstances, rather the COI is intended for informational purposes only and describes the identified coverage the College has pursuant to the FCSRMC self-insurance program.

\_\_\_\_\_  
Print Name of Risk Management Coordinator/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Risk Manager Comments: