

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 (\$2 million per incident/\$5 million aggregate)

Curriculum: _____

Facility named above is to be listed as Additional Insured - \$50 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

Safety National coverage (*to only be used if College is unable to negotiate out of higher limits of liability*)
\$5M/\$10M limit

General Liability – Please Choose One

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

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

\$5M/\$10M 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:

Electronic Sign Below