REQUEST FOR CERTIFICATE OF INSURANCE

Return to Risk Services, Attn. Claims Manager
Northeastern University, 360 Huntington Avenue, 122 SS, Boston MA 02115
Fax: (617)-373-8996 *email: c.paluf@neu.edu*
Questions? Call (617) 373-2690

NEU CONTACT INFORMATION

Name: _____ Campus Address: _____

Address: _____ Campus Phone: _____

_____ _____

Fax: _____ E-Mail: _____

CERTIFICATE HOLDER

Company: _____

Address: _____ E-Mail: _____

_____ Fax: _____

**Either e-mail or fax is required; Certificate will be sent via e-mail/fax to certificate holder unless otherwise specified. A copy will be forwarded to NEU contact for administrative purposes only; Risk Services maintains files of all issued certificates for record retention purposes.*

CERTIFICATE TERMS

All certificates will be issued as "Information Only" unless expressly outlined in a contract between NEU and the Certificate Holder. The contract must be approved by University Counsel, signed by University signatorys and submitted along with this application before a certificate will be issued.

Coverages Requested	Requested Limits of Liability