

REQUEST FOR CERTIFICATE OF INSURANCE (COI)

Instructions

- Complete this form as thoroughly as possible to avoid processing delays.
- Allow **3–5 business days** for processing.
- All requests must be submitted through **SDSURF Risk Management**.
- Attach all supporting documentation (letters, outside requests, contracts, leases, etc.).

Submit Requests To:

SDSU Research Foundation – Risk Management

5250 Campanile Drive, San Diego, CA 92182-1942

Phone: (619) 594-4076

Email: sdsurfriskmanagement@sdsu.edu

Part 1: Principal Investigator (PI) / Requestor Information

- Name of PI:
- Project or Grant:
- SDSURF Employee Requesting COI:
- Email Address:
- Department:
- Mailing Address:
- City / State / ZIP:
- Phone:

Part 2: Organization Requesting Certificate (“Certificate Holder”)

- Organization Name:
- Contact Person:
- Email Address:
- Mailing Address:

- City / State / ZIP:
- Phone:

Part 3: Contract / Research Details

- Short Summary of Contract or Work:
- Location of Research or Work:

Part 4: Event Information (*Complete only if applicable*)

***If this is a high hazard event, additional information will be requested for a separate quote on special events coverage.**

- **Type of Event:** (*e.g., conference, convention, public festival, corporate event, sporting activity, community celebration, etc.*)
- **Event Location:** (*Specify where the event will be conducted*)
- **Event Details (Select all that apply)**
 - ☐ Event involves physical activities (rides, inflatables, sports, ropes, etc.)
 - ☐ Tents, stages, or structures will be used
 - ☐ Pyrotechnics, open flames, drones, or lasers will be involved
 - ☐ Hazardous materials, live animals, or water activities are included
 - ☐ Alcohol will be served or sold
 - ☐ More than 250 participants will attend
 - ☐ Event involves minors, overnight stays, or off-campus travel
 - ☐ Outside vendors will be hired (food, rides, security, etc.)
 - ☐ Event requires permits (fire, city, alcohol, drone, etc.)

Part 5: Coverage Requested

A. Type of Coverage (*Select all that apply*)

- ☐ General Liability
- ☐ Automotive Liability
- ☐ Umbrella Insurance
- ☐ Workers' Compensation
- ☐ Cyber Insurance
- ☐ Sexual Abuse & Molestation (SAM) Insurance
- ☐ Professional Liability
- ☐ Medical Malpractice
- ☐ Other:

B. Further Requests (*Select all that apply*)

- ☐ Additional Insured Endorsement
 - **Additional Insureds to be Named:**
- ☐ Waiver of Subrogation
- ☐ Annual Renewal Required
- ☐ Email copies of the certificate to:

Part 6: Other Details