

# Attachment C

## Request for Certification of Insurance

**Please return this form to:**

Risk Manager  
Division of Agriculture  
University of California  
Division of Agriculture & Natural Resources  
University of California  
300 Lakeside Drive, 6<sup>th</sup> Floor  
Oakland, California 94612

**REQUEST FOR CERTIFICATION OF INSURANCE**

Responsible Division Staff Member: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

County Name: \_\_\_\_\_

**The following information is required in order for us to issue certificate**

Name of entity to whom certificate is to be issued: \_\_\_\_\_

Address of entity to whom certificate is to be issued: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

**Time and date are required if the party is asking to be named as additional insured**

Fill in each Category for Minimum Dollar Amount Limits  
Required for:

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

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

***If these limits are not written in the agreement, please contact the party and ask them.  
They may have to contact their insurance agent.***

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

No  Yes If yes, please attach agreement

If no, please complete Attachment D or Attachment E.

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

No  Yes Please attach agreement with detailed times and dates.

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

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Name of University group or activity

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Type of Event

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