



## Certificate of Insurance (COI) Request Form

### Purpose

This form must be filled out if a 3<sup>rd</sup> party is requiring proof of insurance for LC State staff, faculty, or students. It is most often requested when we rent or use space in the community such as a school district facility, or practice fields. Proof of insurance could also be required if we have faculty or staff members that are teaching, presenting, or recruiting in a location where the owners of the property are requesting proof of our insurance for the attendees that are at a location that is not owned by the State of Idaho under the same insurance coverage as LC State.

### Instructions

Complete the following information and forward to Risk Management. Normal turnaround time for a certificate is two or three business days. If you have questions, please call 208-792-2240.

### Requestor Contact Information

Name:	Email:	Date Requested:
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### Event or Activity Information

<b>Who:</b> Who is hosting the event? <i>Example: LC State, department/division, unit, club, etc.</i>	
<b>What:</b> Include advertised event name, and a description of the event if necessary <i>Description should include details such as "open to public" or "minors participating" if applicable.</i>	
<b>When:</b> Include beginning and ending date of the event inclusive of setup and clean-up days	
<b>How Many:</b> Estimate the number of participants, coaches, observers, etc. that will attend the event	
<b>*Why:</b> Why is a Certificate of Insurance being requested and what coverage amounts are required? <i>Example response would be "3<sup>rd</sup> party (entity name) requested proof of LC State Insurance coverage in the amounts of \$... for ...(general liability, auto liability, student professional liability, etc.)"</i>	
<b>Needed By:</b> Has the 3 <sup>rd</sup> party given a due date to receive the certificate earlier than the start date of event?	
<b>Name of 3<sup>rd</sup> Party:</b> Who is requesting proof of insurance? <i>Include business/vendor entity name, address and email as well as the name of an individual contact with their title or role related to the event.</i>	
<b>Comments:</b>	

\*If there is a contract or agreement with the 3<sup>rd</sup> party for this event, please follow [Policy 4.131](#) procedures for approval routing within your department/division and then forwarding approvals with the agreement to the email below. Be sure the agreement is completely filled in prior to sending for review, including "bill to" information, dates, etc. Any missing information will likely cause a return of the agreement and a delay in processing.

**Send to Risk Management**  
 (VPFinanceAdmin@lcsc.edu)