

Location Insurance Certificate Request

(must be submitted at least 48 hours prior to issuance)

*This insurance request will initiate the creation of a certificate of insurance which names the owner of the location noted below as additional insured. The purpose of the certificate of insurance is to provide evidence of the University's insurance coverage which is appropriate and sufficient for qualifying potential losses the owner may experience due, for example to your activities occurring at their physical establishment. Insurance evidenced by the certificate of insurance related to this request **does not** address equipment or the members of the shoot or crew. **Be sure to include ALL required information below, as incomplete forms may cause processing and production delays!***

DATE OF REQUEST: _____

Date(s) of Shoot: _____

Time(s) of Shoot: _____

Date(s) of Shoot: _____

Time(s) of Shoot: _____

Date(s) of Shoot: _____

Time(s) of Shoot: _____

LOCATION OF SHOOT:

Name of Establishment: _____

Street Address: _____

City: _____ State: _____ Zip: _____

OWNER NAME/ADDITIONAL INSURED:

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

REQUESTING STUDENT:

Name: _____ Student ID #: _____

Email: _____ Phone: _____

Course and Section #: _____ Instructor: _____