



Certificate of Insurance Request Form

Please fill out form electronically, print form, sign and send to SRM

****Please allow 10 business days for certificate processing****

Safety & Risk Management
Montana State University
1160 Research Drive
PO Box 170510
Bozeman, MT 59717-0510
406-994-2711
406-994-7040 – Fax
www.montana.edu/wwwsrn/

Today's Date:

Submitter Information:

Name:

Phone #:

E-mail Address:

Requesting Agency: (MSU Department, Group or Club)

Name (Dept/Group/Club/etc):

Contact Person (if other than submitting person):

Phone/E-mail:

Certificate Holder Information: ("Certificate Holder" is the person(s)/organization that is requiring proof of insurance.)

Name:

Mailing Address:

City:

State:

Zip:

Name of Event:

Date(s) of Event:

Description of the events/activities/property: For *events* and *activities* provide a brief description, including how the event falls within the course and scope of your agency and fulfills the mission of the state. For *Leased* and *rented properties*, (i.e., Computer equipment), include a description, serial number, and estimated replacement value of the property.

Coverage does not apply to injury or damage arising out of the use of alcoholic beverages or from any other activity that is not in the course and scope of employment or fulfillment of the mission of the State of Montana. I hereby certify that this request for insurance coverage fulfills the mission of the State of Montana, falls within the course and scope of employments, and is in accordance with §2-9-305 MCA.

Signed by Sponsor/Requestor

Date

****Please fax or email signed request form to SRM, fax: (406) 994-7040/ email: insurance@montana.edu****

Signed by Safety & Risk Management-Montana State University

Date

Approved by Risk Management & Tort Defense Division-State of Montana

Date