

**CAMPUS PROCUREMENT & BUSINESS CONTRACTS
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO**

REQUEST FOR GENERAL LIABILITY CERTIFICATE OF INSURANCE

In order to process your request for the University of California's General Liability Certificate of Insurance, please provide the information indicated below and remit this form with the fully executed agreement to this office (Box #0910). Upon receipt of all relevant information, this office will issue the University's Certificate of Insurance within twenty-one (21) calendar days.

DATE OF REQUEST: _____

REQUESTING DEPARTMENT: _____

DEPARTMENT REPRESENTATIVE INFORMATION:

NAME:	
BOX #:	
PHONE #:	
FAX #:	

WAS A UNIVERSITY BOILERPLATE AGREEMENT USED? YES NO

TERM OF THE AGREEMENT:

START DATE	EXPIRATION DATE

NAME OF INDIVIDUAL/ENTITY AS IT IS TO APPEAR ON THE CERTIFICATE OF INSURANCE:

NAME:	
ADDRESS:	

If you have any questions, please contact Business Contracts at Business.Contracts@finance.ucsf.edu, or call Bonnie Bennett at (415) 502-3032.

FOR BUSINESS CONTRACTS INTERNAL USE:

Assigned to: BB LC PB MK DP FS AS

Date Received: