



Certificate of Insurance Request Form

Please complete the below sections, and email this form to
Risk Management Services (riskmgmt@yorku.ca)

Certificate Holder Contact Information			
Organization Name:			
Street Address:			
City:		Province/State:	
Postal Code:		Country:	
Contact Name:			
Title:			
Phone Number:		Fax Number:	
Email:			

Nature of Operations for this Certificate	
Specific Activity:	
Date(s) of Activity:	
Who is Performing Activity:	
Location of Activity:	

Limits of Insurance Required			
General Liability:	\$	Additional Insured:	Yes No
Property:	\$	Additional Insured:	Yes No
Excess Property:	\$		
Errors & Omissions:	\$		

Please record any special instructions here: