

CERTIFICATE OF INSURANCE REQUEST FORM

Please complete form and e-mail to melanie.savino@uconn.edu.

All requests for COI's from the University must be submitted to the State Insurance and Risk Management Board by this point of contact.

Requested By: Melanie Savino **Date of Request:** _____

Phone # of Requester: (860) 486-0948

Email of Requester: melanie.savino@uconn.edu

Insured/State Agency: University of Connecticut

Address of State Agency: 3 Discovery Drive, U-6076, Storrs, CT 06269-6076

Certificate Holder: _____

Address of Cert Holder: _____

Location of Event: _____

Date of Event: _____

Dates Coverage Needed: _____

Description of Event or Special Information:

Note - Please include the following as needed:

1. For events, please include a full description of the event along with number of participants.
2. All documents (i.e. contract, lease agreement, etc.) must be submitted with this application.
3. No agreement should be signed that waives any liability of other parties or holds other parties harmless.
4. No agreement should be signed that waives subrogation rights.
5. All Registered Student Organizations (RSO) act, in their capacity, as individual parties and not as representatives of UConn.