



# Request for Proof of Insurance From Facility User

using UCSB Facilities

### INSTRUCTIONS TO UC DEPARTMENT

Use the Request for Proof of Insurance From Facility User form to obtain a Certificate of Insurance from a facility user with whom the University has an agreement and from whom it is necessary to obtain proof of insurance coverage that meets University insurance requirements.

### DEPARTMENT

Date of Request: \_\_\_\_\_ Facilities Use Start Date: \_\_\_\_\_ Facilities Use Finish Date: \_\_\_\_\_

Department: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_ Email: \_\_\_\_\_

### INSTRUCTIONS TO CERTIFICATE PROVIDER

This is a request for a Certificate of Insurance. It is designed to provide the information necessary to produce a certificate of insurance that satisfies the requirements of the Regents of the University of California on behalf of the University of California, Santa Barbara campus. The Regents, on behalf of the Santa Barbara campus, have entered into a facilities use agreement with the party identified below as the Named Insured. A Certificate of Insurance is required that shows the Named Insured can provide insurance coverage as indicated below. An Acord form certificate or other type of certificate may be used as long as all requirements are fulfilled. Please call UCSB Risk Management & Insurance with any questions about Certificates of Insurance (ph.: 805/893-2860).

NAMED INSURED (legal name): .....

Address: .....

City, State, Zip Code: .....

Phone & Fax: .....

Contact Person: .....

### UNIVERSITY INSURANCE REQUIREMENTS

CERTIFICATE HOLDER: Name: ..... The Regents of the University of California

Department: .....

Campus: ..... University of California, Santa Barbara

City, State: ..... Santa Barbara, CA 93106

Contact Person: .....

Phone & Fax: .....

GENERAL LIABILITY General Aggregate: ..... \$ .....

Prods./Comp. Ops.: ..... \$ .....

Personal & Adv. Inj.: ..... \$ .....

Each Occurrence: ..... \$ .....

AUTOMOBILE LIABILITY: ..... \$ .....

PROFESSIONAL LIABILITY: ..... \$ .....

WORKERS' COMPENSATION: ..... As required by California State law

AGREEMENT EFFECTIVE/EXPIRATION DATE: ..

ADDITIONAL INSURED: ..... **The Regents of the University of California must be named additional insured under insured's General Liability policy.**

CANCELLATION PROVISION: ..... Provide **30** days written notice to University of any modification, change, or cancellation of any insurance coverage.

DESCRIPTION OF FACILITIES USE/EVENT: .....

OTHER ISSUES, TERMS & CONDITIONS:

### ATTACH DOCUMENTATION

Contract/Agreement  License/Permit  PurchaseOrder/PurchaseOrderRequisition  Other: \_\_\_\_\_