



University of California, Santa Barbara
Request for Proof of Insurance From Vendor
furnishing Goods and/or Services to UCSB

INSTRUCTIONS TO UC DEPARTMENT

Use the Request for Proof of Insurance From Vendor form to obtain a Certificate of Insurance from a vendor 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: Contract Start Date: Contract 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.

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 GOODS AND/OR SERVICES:
OTHER ISSUES, TERMS & CONDITIONS:

ATTACH DOCUMENTATION

Contract/Agreement License/Permit PurchaseOrder/PurchaseOrderRequisition Other: