

**Send this document all supporting documents (Example: Contracts/Agreements) to [druiz@fullerton.edu](mailto:druiz@fullerton.edu) or Fax (657) 278-1556 for questions contact Diana Ruiz (657) 278-7346.**

Today's Date: \_\_\_\_\_ Campus Contact: \_\_\_\_\_ Extension: \_\_\_\_\_

Department & Division: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Time(s) if applicable: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Description: \_\_\_\_\_

**Check type of insurance requesting: Evidence of Coverage  Additional Insured**

**Please scan and send any supporting documents relating to this request.**

Name of agency or person requesting insurance: \_\_\_\_\_

Contact person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

*A copy of the certificate will be sent to the agency and contact person requesting insurance.*

**CSUF DEPARTMENT HEAD APPROVAL IS REQUIRED.**

**Authorized by:** \_\_\_\_\_  
PRINT NAME & TITLE

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_