**DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY**

**1802 EAST 25th STREET CLEVELAND, OHIO 44115-2214**

**(216) 687-3715**

**(216) 687-5194 (fax)**

**REQUEST FOR CERTIFICATE OF INSURANCE**

In order to obtain a certificate of insurance for Medical Malpractice, this form needs to be completed by an authorized Cleveland State University representative.

Is there an agreement or contract that requires a certificate of insurance? Yes No If there is a contract or agreement, please forward a copy to EHS (preferably electronically). Location of activity:

 Date(s) of Clinical activity:

Activity Description:

 Name of Student:

 Student CSU ID#:

Organization requesting certificate of insurance:

Organizations requested insurance amounts:

Name:

Address:

City/State/Zip:

Contact Person: Phone/Email:

Fax Number:

Is Certificate Holder Requesting:☐ Additional Insured ☐ Loss Payee

Mail or fax completed request to:

Department of Environmental Health & Safety 1802 E. 25th Street, PS 233

Cleveland, OH 44115

(216) 687-5194 (fax)