Certificate of Insurance Request form

HUMBER

Number of Pages: 1 **To: megan.naylor@humber.ca**

Date of Request ☐ Certificates to be provided within 24 – 48 Business Hours

Requester Information

Named Insured ☒ The Humber College Institute of Technology and Advanced Learning
☐ Other (please specify)

Address ☐ 205 Humber College Blvd., Toronto ON M9W 5L7

Requester Name _____

Email _____ **Tel No.** _____ **Fax No.** _____

Certificate Holder Information (Third Party)

Please Issue Evidence of Insurance based on the following information: ☐ **renewable** (ongoing) ☐ **non-renewable** (one time use)

☐ New Certificate ☐ Amendment to Certificate Ref. No. _____

Certificate Holder Name _____

Attn: _____

Address _____

City, Prov./State, Postal / Zip Code _____

Email _____ **Tel No.** _____ **Fax No.** _____

Note: Please attach copy of request from your customer, vendor, supplier, etc., if available

Insurance Coverage Requested

Coverages	Limits Required
☐ Commercial General Liability	
☐ Property	
☐ Auto	
☐ Non-Owned Auto	
☐ Other (please specify)	

☐ 30 Days Notice of Cancellation

Additional Insureds / Interests (Check all that apply)

☐ Additional Insured (Must be required by Written & Signed Contract) _____

☐ Same as Holder Name

Please List Other Additional Insured(s) if Required

Specific Activity

Date(s) of Activity

Special Instructions