Request for Certificate of Insurance
(Evidence of the College’s Insurance)

Certificate Holder:
Name: ______________________________________________________________________
Attn: ______________________________________________________________________
Address: _____________________________________________________________________
_____________________________________________________________________________
City, State, Zip: __________________________________________________________________

Describe the College’s relationship to the certificate holder:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Types and amounts of insurance requested (NOTE: if you received a written request, or if this is in
response to a contractual requirement please include a copy of the request or the contract):

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liability</td>
<td></td>
</tr>
<tr>
<td>Automobile Liability</td>
<td></td>
</tr>
<tr>
<td>Workers’ Compensation/Employers’ Liability</td>
<td></td>
</tr>
<tr>
<td>Educator’s Professional Liability</td>
<td></td>
</tr>
<tr>
<td>Property</td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information:
_____________________________________________________________________________
_____________________________________________________________________________

Complete this form, and send to:
Jeannette Angles
Risk Manager
Babson College
781-239-5688
riskmanagement@babson.edu

Note: Most requests can be honored within 48 hours; however, there are instances where the
turnaround can be several weeks.