

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):

Type	Amount
General Liability	
Automobile Liability	
Workers' Compensation/Employers' Liability	
Educator's Professional Liability	
Property	
Other:	

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

Complete this form, and send to:

Jeannette Angles

Risk Manager

Babson College

781-239-5688

[riskmanagement@babson.edu](mailto:riskmanagement@babson.edu)

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