



VALPARAISO
UNIVERSITY

Date:

To:

From: **Valparaiso University**

Re: **Request for Certificate of Insurance**

To Whom It May Concern:

We recently received a contract between _____ and The Lutheran University Association d/b/a **Valparaiso University**. In order for the contract/purchase order to be approved, we require a Certificate of Insurance evidencing the following (as identified by "X"):

Commercial General Liability \$1,000,000 per occurrence / \$2,000,000 aggregate

Name the "**Lutheran University Association d/b/a Valparaiso University**", and its officers, employees, agents, and volunteers added as additional insured with respect to specific project/service/event.

Automobile Liability \$1,000,000 CSL

Workers' Compensation Board / Employer's Liability with all states endorsement.
(For all combined work exceeding \$1,000)

OR

Certificate of Workers' Compensation **Exemption** (Examples: Sole Proprietor, Independent Contractor and Partnerships)

Professional Liability \$1,000,000 (errors & omissions)

Pollution Liability \$1,000,000

Ask your insurance agent to fax the certificate to _____ Attn: _____

The certificate is due prior to the actual work start date.

Additionally, we require your insurance company to sign and date below, acknowledging that they will notify Valparaiso University by calling 219-464-5215, if the insurance is cancelled or modified.

Insurance Agent Signature _____ **Date:** _____

If you have any questions, please call me at: _____

Sincerely,