



VALPARAISO
UNIVERSITY

Date:

To:

From: **Valparaiso University**

Re: **Certificate of Insurance Second Request**

To Whom It May Concern:

Thank you for forwarding the Certificate of Insurance. Upon review, we observed the certificate does not reflect required limits and/or coverage as previously requested. Please ask your insurance agent to amend the certificate form to reflect the following (indicated by "X"):

Certificate of Insurance evidencing:

_____ 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 Certificate / 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

___ Insurance Agent Signature

Fax amended Certificate of Insurance to _____ Attn: _____

The certificate is due by:

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,