

Email Request Form to: sayeauj@algonquincollege.com

To Contact: 613-727-4723 #5143
 Or Susan Mainse, Risk Management –
mainses@algonquincollege.com.

To Contact: 613-727-4723 x2110

Request Date: _____

Response Time: Same Day 2 Business Days

Requester Information

Name: _____ Position Title: _____

Email: _____ Tel: _____

Certificate Information

Named Insured: **The Algonquin College of Applied Arts and Technology**
1385 Woodroffe Avenue, Ottawa ON K2G 1V8

Certificate Holder Organization: _____

Attention: _____

Address: _____

 (City) (Province) (Postal)

Email: _____ Tel: _____ Fax: _____

New Certificate

Amendment to Certificate Ref #: _____

| Insurance Required | \$ Limit | Insurance Required | \$ Limit |
|--|----------|--|----------|
| <input type="checkbox"/> Commercial General Liability (per occ/no agg) | \$ _____ | <input type="checkbox"/> Products & Completed Operations | \$ _____ |
| <input type="checkbox"/> Tenant's Legal Liability | \$ _____ | <input type="checkbox"/> Contractual Liability | \$ _____ |
| <input type="checkbox"/> Employers Liability | \$ _____ | <input type="checkbox"/> Garage Auto | \$ _____ |
| <input type="checkbox"/> Non-Owned Auto | \$ _____ | <input type="checkbox"/> Property | \$ _____ |
| <input type="checkbox"/> Cross Liability | \$ _____ | <input type="checkbox"/> Auto | \$ _____ |
| <input type="checkbox"/> Property damage | \$ _____ | <input type="checkbox"/> Professional Liability | \$ _____ |
| <input type="checkbox"/> Personal Injury | \$ _____ | <input type="checkbox"/> Other: _____ | \$ _____ |
| <input type="checkbox"/> Severability of Interest | \$ _____ | <input type="checkbox"/> 30 Day Notice of Cancellation | |

Additional Insured Required (*Must be required by Written & Signed Contract*) Additional Insured Same as Certificate Holder Above?

List Other Additional Insured's: _____

Purpose of Certificate of Insurance & Special Instructions:

Distribution

Email Certificate of Insurance Directly to Certificate Holder listed above.

Note: Both the Requestor and Coordinator, Risk Management, Susan Mainse – mainses@algonquincollege.com or Judy Sayeau - sayeauj@algonquincollege.com will automatically be copied.