

Email Request Form to: mainses@algonquincollege.com
and/or stobbss@algonquincollege.com

Contact: Sue Mainse, Risk Management
and/or
Shaniecia Stobbs, Financial Services

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: _____

Description of Certificate's Purpose:

Distribution

Email Certificate of Insurance Directly to Certificate Holder listed above.

Note: Both the Requestor and Sue Mainse (and/or Shaniecia Stobbs) will automatically be copied.