



**PROPERTY ONLY**

**Property Certificate/Evidence Insurance Request Form**

Email to: [insurance.vendor.cert@nyu.edu](mailto:insurance.vendor.cert@nyu.edu)

**All Fields in RED are REQUIRED!**

**\*\*\*\* No Certificate of Insurance will be issued unless this Form is Fully Completed \*\*\*\*  
\*\* Attach Relevant Contract Documents and/or Expired Certificates \*\***

Is there a Contract Agreement affiliated with this request?	Yes	No	If Yes, send it along with this completed Form.
Has a current Contract been submitted to Insurance & ERM?	Yes	No	

**\*\*\* All Contracts MUST be delivered to Insurance & Enterprise Risk Management after fully executed \*\*\***

Date:	Requested By Name:	Requesters Phone #:
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Request Type:	<b>NEW</b>	<b>RUSH (Need by Date)</b>	<b>REISSUE</b>
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Named Insured to be shown on the certificate: Select One

New York University - (This does not include the School of Medicine) New York University - (70 Washington Square address required)

New York University – School of Medicine

New York University - School of Medicine – Faculty Group Practice

NYU Winthrop Hospital

NYU Langone Health System

NYU Hospitals Center

NYU Hospitals Center – dba New York University Hospital for Joint Disease

Other (Full Name & Address): Name:

Address Line 1:

Address Line 2:

City: State: Zip:

Coverage (Check All Boxes That Apply):				
Property	Loss Payee	Mortgagee	Waiver of Subrogation	Terrorism included on COI

Certificate Holder	Does this certificate need to be renewed annually?		
Name:	Yes	No	
Address Line 1:			
Address Line 2:			
City, State & Zip Code:	City	State	Zip
Certificate Holder Contact:	Name:	Email:	
Do you want a copy?	Yes	No	Email:



Property Information:				
Leased		Owned		
Building Type:	Residential	Commercial	Academic	Other:
Building Name:				
Address Line 1:				
Address Line 2:				
City, State & Zip Code:				
Building Manager	Name:	Email:	Phone:	

Property Information (continued):			
Year Built:			
Total Square Footage:			
Building Values:			
Content Values:			
Number of Floors Above Grade:			
Number of Floors Below Grade:			
If Leased Property:	Floor #'s	Unit #'s	Room #'s
Construction Type:			
Roof Composition:			
Security System:	No	Yes	If Yes, Type:
Fire Sprinkler System:	No	Yes	If Yes, Full Partial & Type:
Smoke Alarm:	No	Yes	If Yes, Type:
Flood Zone:	No	Yes	If Yes, Code:

Any other Comments or Delivery Instructions?	
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