

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 &amp; ERM for review?

Yes

No

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

Date:

Requested By:

Requesters Phone #:

Faculty Group Practice?

Yes

No



Request Type:

NEW

RUSH (Need by Date)

REISSUE

Named Insured to be shown on the certificate: Select One

New York University - (This does not include the School of Medicine)

New York University - (School of Medicine)

New York University - (70 Washington Square address required)

NYU Winthrop Hospital

NYU Langone Health System

NYU Hospitals Center

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



Other (Full Name &amp; Address):

Certificate Holder

Does this certificate need to be renewed annually?

Yes

No

Name:

Address Line 1:

Address Line 2:

City, State &amp; Zip Code:

City

State

Zip

Certificate Holder Contact:

Name:

Email:



Do you want a copy?

Yes

No

Email:



Coverage (Check all boxes that apply)

Coverage

Additional Insured

Waiver of Subrogation

Limits:

General Liability

Auto Liability

Workers Compensation

Umbrella/Excess

Professional Liability

Dental Professional

Liability

Other

Limits:

Limits:

Limits:

Any other Comments or  
Delivery Instructions?