



REQUEST FOR CERTIFICATE OF INSURANCE

In order to obtain a certificate of insurance, this form needs to be completed by an authorized Cleveland State University representative.

Is there an agreement or contract that requires a certificate of insurance? ___ Yes ___ No

If there is a contract or agreement, please forward a email copy to Thomas K. Somerville.

Location of activity: _____

Certificate Date(s): _____

Activity Description: _____

Organization requesting certificate of insurance:

Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Phone/Email: _____

Fax Number: _____

Email completed request to:

Thomas K. Somerville
B Safe Services LLC
Insurance Administration Consultant
Email: bsafe@wowway.com
Phone: (216) 570-3150