



## 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: [tsomerv14@gmail.com](mailto:tsomerv14@gmail.com)  
Phone: (216) 570-3150