

REQUEST FOR CERTIFICATE of INSURANCE REVIEW & APPROVAL

Please permit five (5) workdays for review and response of insurance certificates.

Fax completed form along with the certificate of insurance to 305.348.3574.

NOTE: *If you previously submitted the form to request information on insurance limits and types of insurance for this requisition please complete the shaded section (below) only.*

Name: _____	Email: _____	Phone: _____
Requisition # _____	Value of Requisition: _____	\$ _____

Provide brief description of vendor services:

Project/Delivery Date: _____ Project/Service End Date: _____

Select ALL that Apply (*See Generic Vendor Insurance Requirements*)

GOODS & SUPPLIES:

Equipment Purchase & Installation

CONSTRUCTION

Construction High Risk

Construction Medium Risk

Construction Lower Risk

PROFESSIONAL SERVICE

High Risk

Lower Risk

OTHER

Artist, Entertainer, Guest Speaker, Etc. _____

Academic Support Service Provider: _____

Municipality/Government Entity: _____

Other _____

EH&S' RESPONSE:

The certificate(s) submitted are **acceptable** for the services to be provided

The certificate(s) are **unacceptable** for the following reasons:

Additional insured language incorrect, should read:

The Florida International University Board of Trustees, Florida International University, State of Florida, the Florida Board of Governors, and their respective officers, employees and agents are additional insureds

Description of (operation, project number, campus, building location) incorrect

Inadequate limits – *please see specifications*

Deductibles are not acceptable

Wrong type of coverage

Insurer does not meet minimum requirements – *see specifications*

Policy has expired or is about to expire – *proof of renewal required*

Required waiver of subrogation not included – *read contract language*

Primary language required

Thirty (30) day notice of cancellation or coverage change required

Other information: _____

DATE RECEIVED: _____ REVIEWED BY _____ DATE _____