

# CERTIFICATE OF INSURANCE REQUEST FORM

## Villanova University

**TO:** David Martin, Sr. Account Manager  
 600 W. Germantown Pike, Suite 300  
 Plymouth Meeting, PA 19462  
[david.martin@hrh.com](mailto:david.martin@hrh.com)

**Phone Number:** 610-260-4336  
**Fax Number:** 610-260-4365

<i>Select Coverages Required</i>	<i>Limits Required</i>
<input type="checkbox"/> General Liability	\$
<input type="checkbox"/> Workers Compensation	\$
<input type="checkbox"/> Automobile	\$
<input type="checkbox"/> Professional Liability	\$
<input type="checkbox"/> Excess Liability	\$
<input type="checkbox"/> Property	\$
<input type="checkbox"/> Fine Arts	\$
<input type="checkbox"/> Other	\$

***CERTIFICATE HOLDER INFORMATION:***

<b>Certificate Holder Name:</b>	
<b>Attention:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Fax or E-Mail Address:</b>	

**Special Wording Required:**  *Additional Insured*  *Loss Payee*  *Mortgagee*

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***How do you want certificate sent?***

- Mail to Certificate Holder with copy E-Mailed to Villanova
- Fax to Certificate Holder with a copy E-Mailed to Villanova
- E-Mail to Villanova
- Fax to Villanova

***When do you want certificate sent?***

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<b>Request Submitted by:</b>	<b>Date:</b>
<b>Phone:</b>	<b>Fax:</b>