



**California State University, Long Beach**  
**1250 Bellflower Boulevard**  
**Long Beach, California 90840**

## INSURANCE REQUEST FORM

### REQUESTOR

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Bldg/Room#: \_\_\_\_\_  
 Department: \_\_\_\_\_

### RETURN TO

Safety, Risk Management & Information Security  
 CSU Long Beach  
 1250 Bellflower Boulevard, MS 5702  
 Long Beach, CA 90840  
 E-mail: bsasser@csulb.edu  
 Fax: (562) 985-2411

**\*\* Allow 5 business days for processing. \*\***

Effective Date of Coverage: \_\_\_\_\_

End Date of Coverage: \_\_\_\_\_

The facility/company has requested a Certificate of Insurance.

**OR**

The facility/company has requested Certificate of Insurance with an Endorsement (to be named as an Additional Insured)  
*Please note, a signed copy of the Contract/Agreement must be attached in order to obtain an Endorsement. Only those Contracts/Agreements signed by employees with written delegated authority pursuant to E.O. 775 will be processed.*

Who will be using the property and for what purpose?

### COMPANY/FACILITY INFORMATION

Facility/Company Name: \_\_\_\_\_  
 Facility/Company Address: \_\_\_\_\_  
 (street, city, state, zip code)

Contact Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Fax: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_