



Request for Proof of Insurance From Contractor or Vendor

INSTRUCTIONS

Use the Request for Proof of Insurance From Contractor or Vendor form to obtain a Certificate of Insurance from a contractor, vendor, or consultant with whom the University is doing business and from whom it is necessary to obtain proof that he or she carries insurance.

DEPARTMENT

Date of Request: _____ Campus: **SANTA BARBARA** Dept. Acct. No: _____
 UCSB Agreement/P.O. No: _____ Effective Date: _____ Expiration Date: _____
 Department: _____ Ph: _____ Fax: _____
 Dept. Contact: _____ Email: _____

SUBMIT REQUEST TO VENDOR/CONTRACTOR OR THEIR INSURANCE COMPANY

TO VENDOR/CONTRACTOR/CONSULTANT OR INSURANCE COMPANY: PLEASE PROVIDE PROOF THE UNIVERSITY'S INSURANCE REQUIREMENTS ARE MET (SEE BELOW).

VENDOR/CONTRACTOR/CONSULTANT

Name:
 Address:
 City, State, Zip Code:
 Phone No:
 Fax No:
 Contact Person:

VENDOR/CONTRACTOR/CONSULTANT'S INSURANCE COMPANY

Name of Insurance Co:
 Address:
 City, State, Zip Code:
 Phone No:
 Fax No:
 Contact Person:

UNIVERSITY INSURANCE REQUIREMENTS

CERTIFICATE HOLDER: Certificate Holder Name: The Regents of the University of California
 Department:
 Campus: University of California
 City, State: Santa Barbara, CA 93106
 Contact Person:
 Phone:
 Fax:

GENERAL LIABILITY General Aggregate: \$
 Prods./Completed Operations: \$
 Personal & Advertising Injury: \$
 Each Occurrence: \$

AUTOMOBILE LIABILITY: \$

PROFESSIONAL LIABILITY: \$

WORKERS' COMPENSATION: As required by California State law

ADDITIONAL INSURED: The **Regents of the University of California** must be named additional insured under insured's General Liability policy

CANCELLATION PROVISION: Provide **30** days written notice to University of any modification, change, or cancellation of any insurance coverage.

ATTACH DOCUMENTATION

Contract/Agreement Application PurchaseOrder/PurchaseOrderRequisition
 Permit License Other: _____