Gallagher

Insurance | Risk Management | Consulting

Certificate of Insurance Request Form

Today's Date	**Submit to: CertRequests@ajg.com**
Request Type:	☐ NEW ☐ RUSH ☐ REISSUE *(attach certificate)*

Account Name:	Baylor University	**Client Code:**	BAYLUNI-02
Named Insured:	Baylor University		
Name: Street Address: City, Zip & State:	Baylor University One Bear Place Waco, TX 78798		

Certificate Holder:	☐ **Include at Renewal** ☐ **Exclude at Renewal**
Name: Additional Name: Attention: Street Address: City, State & Zip:	
Cert Delivery *(if different to Default)*	☐ Email: ☐ Fax: ☐ US Mail ☐ Save Only

Coverage (Check the boxes that apply)			
Coverage	**Additional Insured (if applicable)**	**Waiver of Subrogation (if applicable)**	**Loss Payee (if applicable)**
☐ **General Liability**	☐	☐	
☐ **Auto Liability**	☐	☐	
☐ **Workers Compensation**		☐	
☐ **Umbrella/Excess**		Limits:	
☐ **Professional Liability**	☐	☐	

Description (DOO): *i.e., Event Description or Dates or Project, Contract, or Vendor Number etc.*

Special Instructions: *(Contract or Sample Certificate Attached? Include any Other Pertinent Info to this Request.)*

(Email / fax subject line if different to Default):