

# CLIENT REQUEST FOR CERTIFICATES OF INSURANCE

Fax to OR Email to: **Aon Client Services - Chicago**

Number of Pages:

Email: [acs.chicago@aon.com](mailto:acs.chicago@aon.com)

Fax Number: **(800) 363-0105 or (847) 953-5390**

CC: [Jill.Hartzman@aon.com](mailto:Jill.Hartzman@aon.com)

Date of Request:

Date Needed By:

Rush  24 Hour  End of Day

### Requestor Information

Named Insured:	<b>University of Wyoming.</b>	Client No.* : 570000052075
Address:	<b>1000 East University Avenue, Laramie, WY, 82071</b>	
Your Name:	<b>Johnathan Despain</b>	
Telephone Number:	<b>307.766.5170</b>	Fax Number: <b>307.766.3998</b>

\*

### Certificate Holder Information

Certificate Holder:	
Address:	
City, State, Zip Code:	
Attention:	

**Note: Please attach a copy of the request from your customer, vendor, supplier, or other (if available).**

### Coverage & Limit Information

Coverages	Limits Required
<input checked="" type="checkbox"/> General Liability:	Policy Limit
<input type="checkbox"/> Auto Liability:	Policy Limit
<input type="checkbox"/> Excess Liability:	\$10,000,000 (standard) *
<input type="checkbox"/> Workers Comp & Employers Liability:	Policy Limit
<input type="checkbox"/> Commercial Property:	
<input type="checkbox"/> Other:	

### Additional Insured / Interests (Check all that apply)

<input checked="" type="checkbox"/> Additional Insured:		<input type="checkbox"/> Vendor:	
Certificate Holder "Named" on Additional Insured Endorsement Necessary	No		
<input type="checkbox"/> Loss Payee:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Lessor:			

### Waiver of Subrogation

<input type="checkbox"/> General Liability	<input type="checkbox"/> WC & Employers Liability	<input type="checkbox"/> Auto Liability	
--	---	---	--

### Description/Reference/Special Instructions:


### Distribution

Original to:	<input checked="" type="checkbox"/> Certificate Holder	<input type="checkbox"/> By Mail	<input checked="" type="checkbox"/> By Email:
	<input checked="" type="checkbox"/> Named Insured	<input type="checkbox"/> By Mail	<input checked="" type="checkbox"/> By Email: <a href="mailto:jdespain@uwyo.edu">jdespain@uwyo.edu</a>
	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> By Mail	<input checked="" type="checkbox"/> By Email: <a href="mailto:risk@uwyo.edu">risk@uwyo.edu</a>