



Risk Management
a division of the Department of Administrative Services

CERTIFICATE OF INSURANCE REQUEST STEP BY STEP GUIDE

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Click the CERTIFICATE OF INSURANCE REQUEST link that appears on our webpage www.risk.utah.gov. The link is located at the upper right hand side corner of the page. Check the box after reading the instructions and click “Next”.



Welcome to the State of Utah Risk Management Certificate request site. This site is intended for Risk customers ONLY.

Please read the instructions covering this process.
The instructions for this process can be found [here](#).

I Have Read The Instructions

In these fields our Insureds' representatives, who are the Certificate Requestors, need to input their contact information. Click "Next" once you have completed this step. At any time click on the "Previous" button to go back, review and/or update any field in the previous page.



Certificate Requestor, Your Information (School District/Charter School/Higher Education/State Agency)
September 4, 2014

*Your First Name

*Your Last Name

*Phone

*Email

*Your Agency (School District/Charter School/Higher Education/State Agency)

Organization Name per Contract (If Applicable)

In these fields input the organization, with which you are doing business (Certificate Holder), which is requiring proof of insurance. The next slide will show you in detail what you need to choose according to your needs.



**Entity You Are Doing Business With That is Requiring Proof of Insurance
(Certificate Holder)**

Certificate Holder Contact Information

*Certificate Holder Contact First Name
*Certificate Holder Contact Last Name
*Certificate Holder Contact Phone
*Certificate Holder Contact Email

Entity Information

*Certificate Holder Entity Name
Certificate Holder Alternate Name
*Certificate Holder Address
*Certificate Holder City
*Certificate Holder State (i.e. UT)
*Certificate Holder Country
*Certificate Holder Postal Code

Other Information

*Issue Certificate Annually?
 Yes
 No

*Certificate Holder asking to be named Loss Payee? (This language will be added: Certificate holder is loss payee as its interests may appear.)
 Yes
 No

*Is there a written contract with the Certificate Holder
 Yes
 No

*Is the certificate for a State employed medical provider?
 Yes
 No

*Certificate Holder asking to be named Additional Insured?
(This language will be added: Additional Insured: Subject to all its terms, conditions, exclusions and endorsements as is afforded by the coverage document, shall also apply to the following entity but only as respects to liability arising directly from the actions and activities of the covered party described above. Issuance of this certificate does not waive any limit on liability or any defense which may be asserted under UGIA63G7 et seq.)
 Yes
 No

Additional Insured Required Language (different than above language)

Certificate Holder Alternate Name Use these two fields to type the entire entity name, exactly as it appears on their contract.

Choose "Yes" if you want to renew this certificate annually

Loss Payee Definition
A person or entity that is entitled to all or part of the insurance proceeds in connection with the covered property in which it has an interest. Often those asking to be named as loss payees have leased some type of equipment to the insured—a photocopy machine, for example. Chosen usually when the insured is renting equipment.

Additional Insured Definition
A person or organization not automatically included as an insured under an insurance policy who is included or added as an insured under the policy at the request of the named insured. A named insured's impetus for providing additional insured status to others may be a desire to protect the other party because of a close relationship with that party or the requirement of a contract.

Type in this field the text that you would like to appear on the Certificate of Insurance that is the Additional Insured paragraph above.

Click "Next" to continue.

In this field insert the reason why you are requesting this certificate. Follow the questions on this screen to complete this step. Please do not copy and paste the questions below in the Reason for Request field. Click “Next” to continue.



*Reason for this Request

If the certificate relates to an activity or event, please include information about the following in the request:

- Who will be participating?
- Who is sponsoring the activity?
- What does the event include?
- Where will the event will be held?
- When will the event take place?
- Why is the event taking place?
- How is transportation being handled?
- How is the event going to be accomplished?
- When do you need the certificate by?

The description must be fewer than 500 characters.

Please request certificates **at least 72 hours** prior to events requiring the certificate. Certificate review and processing can take three days or more in some circumstances.

This page automatically defaults to the current fiscal year. Fiscal year begins July 1st and ends on June 30th. Click “Next” to continue.



Please enter the fiscal year that you would like the certificate to cover. (Fiscal year begins July 1 and ends June 30.)

*Certificate Fiscal Year

2015 ▾

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Choose the option that applies to your request, then click "Next" to continue.

General Liability Coverage Definition:

Insurance that covers claims arising from property damage or bodily injury caused by the named insured's negligence or acts of omission in the course and scope of employment.

Per Occurrence Limit Definition:

The maximum amount an insurer will pay for all claims resulting from a single occurrence, no matter how many people are injured, how much property is damaged, or how many different claims are filed.

Aggregate Definition:

The most an insurer will pay for all covered losses sustained by an insured during a specified period of time, usually a year.



General Liability Coverage Amount

*General Liability Coverage Amount

If you choose "Other" this screen will come up. Add the desired amounts and click "Next" to continue.



*General Liability Each Occurrence (\$)

*General Liability Aggregate (\$)

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Because the following coverage is required infrequently , it defaults to “No”. Choose the option that applies to your request and click “Next” to continue.

What is Products and Completed Operations’ Liability Insurance?

Products Liability: May be included in the basic general liability coverage form, or be written on its own. It protects manufacturers, wholesalers and distributors against exposure to lawsuits by people who may have been injured or suffered other losses because of their product. It provides coverage for the policyholder against claims stemming from products sold, manufactured or distributed.

Completed Operations: Responds to bodily injury or property damage claims that would occur after the completion of a project, resulting from the negligence of the work performed. For example, if a contractor built a deck and failed to secure the railing properly, and someone were to lean on the railing and suffer body injury, the completed operations portion of the general liability policy would respond. ***It is important to note, however, that this does not cover the faulty work itself, just the resulting bodily injury and/or property damage.***



Coverage Needed?

Products-Comp Ops Aggregate* Yes
 No

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Because the following coverage is required infrequently, it defaults to “No”. Choose the option that applies to your request and click “Next” to continue.

Personal Injury: Injury or damage done to one’s person, such as a cut or bruise, a broken limb, or the like, as distinguished from an injury to one’s property. Typically, personal injury claims are the result of the negligence of another person. Common sources of personal injury claims include, but are not limited to, the following: automobile accidents, pedestrian accidents, defective product claims, medical malpractice, slip and fall claims.

Advertising Injury: A general liability coverage, combined in standard commercial general liability policies **with personal injury coverage**, that insures the following claims in connection with the insured’s advertising of its goods or services: **libel, slander, invasion of privacy, copyright infringement, and misappropriation of advertising ideas.**



Coverage Needed?

Personal and Advertising Injury* Yes No

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If required by the Certificate Holder, select the criteria that applies to your certificate request and click “Next”.

Auto Liability Definition: Coverage for damages your auto causes to others and their property.



Coverage Needed?

Automobile Liability* Yes
 No

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Because the following coverage is required infrequently, it defaults to “No”. Choose the option that applies to your request and click “Next” to continue.

Professional Liability Definition: A type of liability coverage designed to protect traditional professionals (e.g., accountants, attorneys) and quasi-professionals (e.g., real estate brokers, consultants) against liability incurred as a result of errors and omissions in performing their professional services.



Coverage Needed?

Professional Liability* Yes
 No

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Because the following coverage is required infrequently, it defaults to “No”. Choose the option that applies to your request and click “Next” to continue.

E&O Insurance Definition:

Errors and Omissions (E&O) is the insurance that covers your company, or you individually, in the event that a client claims you are responsible for a service you provided, or failed to provide, that did not have the expected or promised results.

For doctors, dentists, chiropractors, etc., it is often called malpractice insurance. For lawyers, accounts, architects or engineers, teachers, it may be called professional liability. Whatever you call it, it covers you for errors (or omissions) that you have made or that the client perceives you have made.

Most E&O policies cover judgments, settlements and defense costs. Even the allegations are found to be groundless, thousands of dollars may be needed to defend the lawsuit. They can bankrupt a smaller company or individual and have a lasting effect on the bottom line of larger companies. In short, E&O coverage provides protection for you in the event that an error or omission on your part has caused a financial loss for your client.



Coverage Needed?

Errors and Omissions* Yes
 No

Select the criteria that applies to your certificate request and click "Next"

Property Insurance Definition: Provides protection against most property risks, such as fire, theft and some weather damage. This includes specialized forms or insurance such as fire insurance, flood insurance, earthquake insurance, home insurance, or boiler insurance. Our policy is ALL RISK, meaning risks are covered unless excluded.



Coverage Needed?

Property* Yes
 No

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Select the criterion that applies to your certificate request and click “Next”

Replacement Cost Value (RCV) Coverage:

A property insurance term that refers to the cost to replace an item or structure to its pre-loss condition.

Actual Cash Value (ACV) Coverage:

In the property and casualty insurance industry, Actual Cash Value (ACV) is a method of valuing insured property. Actual Cash Value is not equal to Replacement Cost Value (RCV). ACV is computed by subtracting depreciation from replacement cost.



Property Coverage Amount

*Property Coverage Type

In this field enter the property amount needed if RCV or ACV is not adequate and click “Next” to continue.



*Other Property Coverage Amount

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Select the criterion that applies to your certificate request and click “Next”.

Auto Comprehensive Coverage Definition:

Coverage for the following: **1)** Storms and natural disasters like tornadoes, hurricanes and earthquakes; **2)** Vandalism and theft; **3)** Broken or shattered windows and windshield; **4)** Animal damage; **5)** Falling objects.

Collision Coverage Definition:

Coverage that pays for physical damage to your vehicle caused by rolling over or by a collision with another vehicle or object, such as a building, fence, or telephone pole.



Coverage Needed?

Auto Comprehensive and Collision* Yes
 No

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Because the following coverage is required infrequently, it defaults to “No”. Choose the option that applies to your request and click “Next” to continue.

Builder’s Risk Insurance Definition:

A Course of Construction Insurance policy, or “Builders Risk” policy is designed to provide coverage for buildings while under construction. It covers the value of the property being constructed until it’s either moved into, or ready for occupancy, the Contractor’s value in materials at the job site before being installed and materials in transit intended for the job.

The policy may be written to cover the whole structure for new construction or for rehab projects. It can also be used to cover a specific project. This must be purchased through Risk Management BEFORE it can be put on the Certificate of Insurance. Contact us at 801-538-9570.



Coverage Needed?

Course of Construction* Yes No

If you chose “Yes” on the previous page, this page will appear. Type the amount of coverage determined for your Course of Construction project. Click “Next” to continue.



Coverage Amount

*Course of Construction Amount (\$)

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If you need any other type of coverage not specified previously, then choose “Yes” and click “Next” to continue.



Coverage Needed?

Other* Yes
 No

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Type the specific kind of coverage you are requesting and the coverage amount needed. Click “Next” to complete the form. The next screen will allow you to review all the information you have submitted in your request.



Coverage Amount

*What type of coverage are you requesting?

*Other Coverage Amount (\$)

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A Certificate Request number will show up on the second paragraph. Please keep that number for your records. You will also receive an email confirmation.

Certificates of Insurance are approved within 72 hours after submission, unless you indicate otherwise in the Reason for Request field.

If you do not receive your certificate within the time specified above, please check your "Spam" folder. Sometimes our confirming emails get caught in your email filters. If you are still unable to find it, or if you have any questions, please contact Silvia Lane at 801-538-9570 or via email at silvialane@utah.gov.