



Utah Division of Risk Management

CERTIFICATE OF INSURANCE REQUEST

Revised August 2018

Welcome to the State of Utah Risk Management Certificate of Coverage 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](#).**

Click the box to acknowledge you have read the instructions. Then click Next.

I Have Read The Instructions

Next



Utah Division of Risk Management

Certificate Requestor, Your Information (School District/Charter School/Higher Education/State Agency) July 23, 2018

*Your First Name

*Your Last Name

*Phone

*Email

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

In these fields, our Insured's representatives, who are the Certificate Requestors, need to input their contact information.

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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.

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

Certificate Holder Entity name and Alternate Name.
Use these two fields to type the entire entity name, as it appears on the contract or agreement.

Other Information

Has the same certificated been issued previously? Yes No

If so, please provide previous certificate number.

Will this certificate need to be renewed? Yes No Choose "Yes" if you want to renew this certificate annually. "No" is selected by default.

*Certificate Holder asking to be named Loss Payee? Yes No

*Certificate Holder asking to be named Additional Insured? Yes No

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 contact.



*Reason for this Request

In this field, insert the reason why you are requesting the 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.

Please include information about the request, such as:

- **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?
- Is this for a **contract or agreement**? If so, what is the nature of the contract or agreement.

The description must be fewer than 500 characters.

Please request certificates **at least 3 business days** prior to events requiring the certificate. Certificate review and processing can take three days or more in some circumstances.



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

*Certificate Fiscal Year

Current Year ▼
Current Year
Next Year

Certificate Fiscal Year defaults to Current Year. Click the drop-down arrow if you need the certificate for next year. Click "Next" to continue.

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Coverage Needed?

General Liability* Yes
 No

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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.

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General Liability Coverage Amount

Click the drop-down arrow to choose the coverage amount

*General Liability Coverage Amount

Standard Limits (Governmental Immunity Act) ▼
Standard Limits (Governmental Immunity Act)
\$1,000,000 Per Person / \$2,000,000 Aggregate Per Occurrence / \$500,000 Property Damage Per Occurrence
\$1,000,000 Per Person / \$3,000,000 Aggregate Per Occurrence / \$500,000 Property Damage Per Occurrence
Other

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*General Liability Per Person (\$)

*General Liability Per Occurrence (\$)

*Property Damage Per Occurrence (\$)

If you chose "Other", this screen will come up. Add the desired amount and click "Next" to continue.

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Do you require liability coverage in the following areas (previously selected liability limits will apply):

Employee Dishonesty/Faithful Performance

- Yes
 No

Make the appropriate selections and click "Next".

Errors & Omissions

- Yes
 No

Health Care Professional Liability

- Yes
 No

Personal and Advertising Injury

- Yes
 No

Products Liability/Completed Operations

- Yes
 No

Professional Liability

- Yes
 No

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Coverage Needed?

Automobile Liability* Yes
 No

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Automotive Liability Coverage Definition:

Coverage for damages your auto causes to others and their property.

You will see this screen if you answered "Yes" to the Automobile Liability Coverage question.

Automobile Liability Coverage Amount If not, skip to the page 14 of this document.

*Automobile Liability Coverage

Standard Limits (Governmental Immunity Act) ▼
Standard Limits (Governmental Immunity Act)
\$1,000,000 Per Person / \$2,000,000 Aggregate Per Occurrence / \$500,000 Property Damage Per Occurrence
\$1,000,000 Per Person / \$3,000,000 Aggregate Per Occurrence / \$500,000 Property Damage Per Occurrence
Other

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Coverage Needed?

Auto Comprehensive and Collision* Yes
 No

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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 windshields;
- 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 building, fence, or telephone pole.

Coverage Needed?

Property* Yes
 No

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Property Insurance Definition:

Provides protection against most property risks, such as fire, theft and some weather damage. This includes specialized forms of 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.

Property Coverage Amount

You will see this screen if you answered "Yes" to the Property Coverage question. If not, skip to the page 18 of this document.

*Property Coverage Limits

Actual Cash Value ▼
Actual Cash Value
Replacement Cost Value
Other

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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.

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.



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*Property Coverage Amount

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

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Coverage Needed?

Course of Construction*

Yes

No

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Course of Construction Coverage:

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 Coverage.

Contact us at 801-538-9570.



Coverage Amount

*Course of Construction Amount (\$)

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.

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All required information has been collected. Below is a summary of your certificate request. If the information is correct, click '**Next**' to submit your certificate.

Click '**Previous**' to go back and adjust any information.

Certificate Holder:

test

Insured Entity:

ADMINISTRATIVE SERVICES – RISK MANAGEMENT

Reason for Request:

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Thank you for submitting a request for a Certificate of Insurance. Your request is being processed. Please contact Mark Petersen at MarkPetersen@utah.gov with any questions.

Your Certificate Request number is **CERT - XXXXXXXX**. Please record this number for your records and correspondence with the insurance team. You will receive a confirmation email shortly.

Do you want to request another certificate?

Yes

No

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