

PENN STATE HEALTH CERTIFICATE OF INSURANCE REQUEST FORM

IMPORTANT:

Do **not** use this form to submit a contract that needs to be reviewed and signed by Penn State Health associated with this certificate of insurance request. This form is to be used when Penn State Health is working with any outside organization that has asked Penn State Health to provide evidence of insurance and there is no associated contract or the contract has already been reviewed,/approved/signed. Once completed, email to certificaterequest@psu.edu (include COI in subject line) and attach the completed form.

If you need to submit a contract that needs to be reviewed and signed by Penn State Health, please submit it to the appropriate Penn State Health Contracting or Purchasing Office or Office of General Counsel.

Requester Information		
Penn State Health Entity:	<input type="checkbox"/> Hershey Medical Center	<input type="checkbox"/> St. Joseph Medical Center
	<input type="checkbox"/> Holy Spirit Medical Center	<input type="checkbox"/> Hampden Medical Center
	<input type="checkbox"/> Lancaster Medical Center	<input type="checkbox"/> Penn State Health
		<input type="checkbox"/> Community Medical Group**
		<input type="checkbox"/> Penn State Health Life Lion, LLC
		<input type="checkbox"/> Pennsylvania Psychiatric Institute
Date: _____		
Request From: _____		
Email Address: _____		Phone Number: _____
Department: _____		
**Community Medical Group Entity Name: _____		

Certificate Holder Information	
(Non-PSH organization requesting the certificate)	
Entity Name: _____	
Attention: _____	
Address: _____	
Reason COI is being requested (Include brief description of event or activity) and include any required certificate wording: _____	
Coverages Required:	
<input type="checkbox"/> General Liability	<input type="checkbox"/> Automobile
<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Property (leases, equipment, etc.)
<input type="checkbox"/> Additional Insured Required?	<input type="checkbox"/> Workers' Compensation
<small>Note: Property cannot be added to a standard COI. The Office of Risk Management will issue a letter evidencing requested coverage.</small>	
Check which Coverage:	
<input type="checkbox"/> General Liability	<input type="checkbox"/> Automobile
	<input type="checkbox"/> Property
Is request to renew an existing certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contact Information:
For Professional Liability Insurance Certificates, contact Risk_Management@pennstatehealth.psu.edu or call (717) 531-6302

Additional Information:
<ul style="list-style-type: none"> • The certificate will be emailed to the requestor listed above. It is Requestor's responsibility to send the certificate to the Organization • The Office of Risk Management can only issue a Certificate of Insurance if all requested information above has been provided