

## Webster University Request for Certificate of Insurance

**Fax to Kathleen Crabtree @ 314-963-6929 to facilitate forwarding to Daniel & Henry Co.**

Attention:	Angel Zeilman	Fax #: 314-444-1775
Requested By:		
Institution:	Webster University	
Date Requested:		
Date Required:		

Coverage(s) Required:	<input type="checkbox"/> General Liability	<input type="checkbox"/> Automobile Liability
	<input type="checkbox"/> Automobile Physical Damage	<input type="checkbox"/> Property
	<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Crime
	<input type="checkbox"/> Excess Workers' Compensation	<input type="checkbox"/> Trustees Errors & Omissions
	<input checked="" type="checkbox"/> Limited Professional Liability	
	<input type="checkbox"/> Other: (please specify)	

<b>Status:</b> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content; margin-top: 10px;">                 Please check the appropriate status and the coverage that applies to it.             </div>	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> General Liability <input type="checkbox"/> Auto Liability
	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Excess Liability
	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Auto Physical Damage <input type="checkbox"/> Property
	<input type="checkbox"/> Other: (please specify)	<input type="checkbox"/> Crime
		<input type="checkbox"/> Property

<b>Description:</b>	<i>Please include description and value for property locations, automobiles, and leased equipment. Please reference if certificate is required for a special event or time frame.</i>
<b>COUN 6000 Counseling Learning Practicum</b>	
<b>Student:</b>	<b>ID#:</b>

Practicum Site:			
Address:			
Address:			
City, State & Zip			
<b>Transmittal Instructions:</b>	<i>In an effort to reduce expenses, we prefer to transmit certificates via fax. Should you require a mailed original, please advise under special instructions below.</i>		
<b>Insured:</b>	<input type="checkbox"/> Fax	Attn:	Fax #:
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
<b>Certificate Holder:</b>	<input checked="" type="checkbox"/> Fax	Attn:	Fax #:
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
<b>Copy:</b>	<input checked="" type="checkbox"/> Fax	Attn: <u>Brett Newcombe</u>	Fax #: 407-345-0377
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
<b>Special Instructions:</b>	<i>Please include contact name, mailing address, and phone no. for certificates sent via overnight and regular mail.</i>		
<b>Please start:</b>		<b>And continue coverage through:</b>	

Please attach a copy of your Appendix C and any other documents which apply to the insurance requirements of the Certificate Holder.

### COUN 6000 /6500 - COUNSELING PRACTICUM/INTERNSHIP