

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:	Stacey Henning	
Institution:	Webster University	
Date Requested:		
Date Required:		

Coverage(s) Required: Error! Bookmark not defined <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content;"> Please check all coverages that should be reflected on certificate </div>	<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)	

Status: <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content;"> 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"/> Excess Liability
	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Auto Physical Damage <input type="checkbox"/> Property <input type="checkbox"/> Crime
	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Property
	<input type="checkbox"/> Other: (please specify)	

Description:	<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>		
COUN 6000 Counseling Learning Practicum / COUN 6500 Internship			
Student:		ID#:	

Practicum Site:	Site Supervisor	
Address:		
Address:		
City, State & Zip		
Transmittal Instructions:	<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>	
Insured:	<input checked="" type="checkbox"/> Fax	Attn: Cathy Crabtree Fax #: (314) 963-6929
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail
Certificate Holder:	<input type="checkbox"/> Fax	Attn: Fax #:
	<input checked="" type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail
Copy:	<input type="checkbox"/> Fax	Attn: Fax #:
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail
Copy:	<input checked="" type="checkbox"/> Fax	Attn: Denise Whitehead Fax #: (573) 368-5497
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail
Special Instructions:	<i>Please include contact name, mailing address, and phone no. for certificates sent via overnight and regular mail.</i>	
Please start:		And continue coverage through:

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