

**FACTORY MUTUAL
INSURANCE COMPANY**

**CERTIFICATE OF INSURANCE
REQUEST FORM**

REQUESTED BY	COMPANY OAKLAND UNIVERSITY	TELE: FAX:	DATE
ACCOUNT NAME OAKLAND UNIVERSITY		ACCT No. 1-65037	POLICY No. 1024904
LOC. No.	INDEX No.	DIVISION	
INSURED ADDRESS (where property covered is "physically" located)		CITY	ST/CTRY
CERTIFICATE TYPE <input type="checkbox"/> Certificate of Insurance (SELECT ONE) <input type="checkbox"/> Policy Information Form		<i>Certifies that in the event of a loss, the company will include the third party interest in any loss payment as designated. The company is responsible for any additional rights granted by the certificate to the third party.</i> <i>Confirms that insurance is in force for an insured location. Document does not grant additional policy rights to a third party interest.</i>	
EFFECTIVE DATE OF CERTIFICATE	LIMIT OF LIABILITY \$	LEASE/LOAN NO.	
ADDITIONAL INTEREST TYPE (SELECT ONE)	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Named Insured <input type="checkbox"/> Lenders Loss Payable		
CERTIFICATE HOLDER			
ADDRESS (DO NOT USE P.O. BOX)		CITY	ST/PROV ZIP
DESCRIBE PROPERTY/EQUIPMENT TO BE COVERED			
MAILING INSTRUCTIONS			
<input type="checkbox"/> PER CORPORATE MAILING INSTRUCTIONS, OR <input type="checkbox"/> PER CORPORATE MAILING INSTRUCTIONS AND AS INDICATED BELOW: <input type="checkbox"/> Use Certificate Holder address above <input type="checkbox"/> Fax No: Attn: At:			
Mailing Address:			
ADDITIONAL INSTRUCTIONS			