Strada Education Network, Inc. CERTIFICATE OF INSURANCE REQUEST FORM

Strada or Affiliate Company Name	
(for internal Strada tracking purposes only):	
Employee Requesting the Certificate:	
Requestor's Phone Number:	
Requestor's Email Address:	
<u>, </u>	
Certificate Holder's Name (Customer/Vendor):	
**Attention to:	
Address:	
City/State/Zip:	
Phone Number:	
Certificate Holder's Email Address:	
Coverage(s) to be evidenced:	☐ General/Product Liability ☐ Auto Liability ☐ Worker's Compensation ☐ Umbrella ☐ Property/Boiler & Machinery ☐ Other: • Professional Liability/ E&O/Cyber • Directors and Officers • Crime
Cert Holder as an Additional Insured:	☐ YES ☐ NO
Limits (\$\$) Requested if other than standard certificate limits of: General Liability: \$1 mil occurrence \$2 mil aggregate Automobile: \$1 million Work Comp: Statutory Employers' Liability: \$1 mil/\$1 mil/\$1 mil Umbrella: \$5 million	
Additional Comments or Reference:	

Please attach any documents you received from the Cert Holder pertaining to this request (i.e., sample certificate, certificate request form, insurance section of contract, etc.)

Please email this form back to: Kim.Lucas@stradaeducation.org who will forward it along to Marsh USA for processing, usually within 1-2 hours. If you do not receive a prompt response from Kim or Marsh, you may send this form directly to the Marsh USA insurance certificate center at: Indianapolis.CertRequest@marsh.com and copy Kim. If the certificate is needed on a RUSH basis, please indicate "RUSH" in the subject line of the email when you send the certificate to the Certificate Processing center.

^{**}We need the name of the person who should receive the certificate of insurance on behalf of the certificate holder.