

*****MUST BE TYPED*****

**BELMONT UNIVERSITY – MOTION PICTURES PROGRAM
 CERTIFICATE of INSURANCE REQUEST FORM for OFF CAMPUS FILMING**

Send this completed form to: To your course instructor by email and to
RiskManagement@belmont.edu; certrequests@ajg.com

Student's Name _____ Class & Professor _____

Student's Email & Phone _____

Today's Date: _____ Date certificate of insurance is Needed: _____
(Please allow at least 5 business days to process)

Named Insured:	Belmont University		
Address/City/State/Zip:	1900 Belmont Boulevard, Nashville, TN 37212		
Requester:	Motion Pictures Program		
Telephone Number:	615-460-5429	Fax	615-460-6980

Certificate Holder (Location of shoot)

Certificate Holder:	
Attention:	
Address:	
City, State, Zip Code:	
Phone:	
Email:	

ATTENTION: Please attach copy of the request and/or the contract from your location, if available.

Coverages Requested	Special Required Wording (Please describe – may delay processing as it requires pre-approval)
<input type="checkbox"/> General Liability	
<input type="checkbox"/> Inland Marine	

Description of Production and rough schedule, including dates and times.

Did Certificate Requester ask for Additional Insured or Waiver of Subrogation? Any requests require approval from Risk Management.

Please direct questions to your course instructor.