



COI # _____	BLANKET	C105.2/DB120.1
_____ 1)Request Received		Pre-Award
_____ 2)Check/Input/Update DB		Post-Award
_____ 3)Date to Amsure		Prop/Equip Lease
_____ 4)Date Rcd COI		Event
		<i>Internal Use Only</i>

CERTIFICATE OF INSURANCE (COI)

E-mail to: rfinsurance@rfsuny.org

or FAX to: 518-935-6712

Date Submitted:	<input type="checkbox"/> New Request (click box)	<input type="checkbox"/> Pre-Award? (click box)	<input type="checkbox"/> Post Award? (click box)
Location Code:	Project*:	Task*:	Award*:
*If the PTA is pending, please provide an alternate tracking number (Log ID).			

PROJECT INFORMATION	
Project Director:	
Sponsor:	
Award Start Date:	Award End Date:
Program Title:	
Sponsor/Contract Number:	
Description of Project/Event:	
Location of Project/Event:	

SPECIAL INSURANCE REQUIREMENTS**	
Are additional insureds required by written contract?	Yes No (click to select)
Names of additional insured?	
Miscellaneous special requirements:	
** Please include a copy of the agreement and scope of work if you are requesting additional insured status or special insurance requirements be listed on the COI.	

CERTIFICATE HOLDER INFORMATION (Entity seeking proof of RF's insurance coverage)	
Insurance Start Date:	Insurance End Date:
Certificate Holder:	
ATTN: (Name and Email)	
Street:	
City:	State: Zip:
Campus Contact:	
Your Name/Phone/Loc:	
Notes:	